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## Original

### HOSPITALS OF PARIS.

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Hospital is derived from the Latin adjective "hospitalis," and also from the Latin noun "hospes," a host or guest. The French word "hospice" is from the Latin "hospitium," the place in which the guest was received.

The three French terms, "Hospital," "Hospice" and "Hotel," though from the same source, are now used with very different meanings. The first, being restricted generally to a place for temporary occupation for the sick and hurt, for the purpose of medical and surgical treatment; the second, "hospice," applied to places for permanent occupation by the sick and poor, the infirm, the incurable or the insane; and the third, "hotel," to dwellings, either public or private, for ordinary occupation. To the last there is, however, one marked exception.

"Hotel Dieu" is applied to the chief hospital or infirmary of a town or city, as the Hotel Dieu of Paris. In English we have no equivalent for "hospice."

The French Revolution was the turning point in the management of the hospitals of Paris. Prior to that time they were in a very imperfect state of organization, not being subject, as at present, to the Central Board of Charity at the Ministry of the Interior, but existing for the most part quite independently of the State. This irregular and independent mode of government naturally led to abuses. The management devoted legacies and donations intended for the care of the sick to other measures more in keeping with their interests. These abuses had become so great, mostly through religious corporations, that the citizens unan-

imously demanded of the National Assembly of 1789 that radical changes be made in the management and care of the property intended for the care of the sick and poor. The hospitals of Paris, however, have always been more numerous, better organized and better governed than those of the provinces.

The control of the most important charitable institutions was vested in the two principal Boards of Management, the Committee of the Hotel Dieu and the Committee of the General Hospital, dating from the time of the Revolution.

The general administration of public relief in Paris at present comprises (1) the central administration, (2) hospital establishments subdivided into 23 hospitals, one sanatorium, five almshouses, three retreats and 11 endowed foundations; (3) six establishments of general utility and a special institution, viz.: an anatomical theatre; (4) the domiciliary relief provided for by 20 charity boards and 55 refuges; there are also 5 hospital establishments of trifling importance, dependent on various charity boards; (5) the pauper children's service, with 30 agencies and a reformatory school. There are also three schools for male and female hospital attendants.

The commissary department in the French hospitals tends ever to centralization. The substitution of the wholesale for the retail purchase—the one buyer instead of the many. Bread for the hospitals and almshouses has for many years been made at the central bake house, situated in the Place Scipion. The grinding of the grain intended for the bread is connected with the baking. The quality of the bread made is irreproachable, the direct method of manufacture being a sure guarantee against false weight and trade adulteration. The bread is baked in four-pound loaves, and is delivered fresh from this bakery every morning.

The drugs are prepared at the central pharmacy, situated in the Rue de la Tournelle. It is worthy of remark that the wine purchased for the hospitals exceeds in cost that of the drugs.

Milk is supplied by their own dairy, and is much better than we get in Cincinnati.

Hours for meals in the hospitals are: First, *dejeuner*, 7 A. M.; second, *dejeuner*, 10 A. M.; dinner, 5 P. M.

Physicians and surgeons whom their duties have detained, or who have been specially summoned during the night, are entitled to ask for refreshments, and the directors and stewards are obliged to comply with their requests.

**Medical Staff.**—The physicians of the Charity Board are appointed for four years by the Minister of the Interior. At the expiration of the four years they are eligible for re-appointment, and so on. No physician can remain in hospital practice after his 65th year. At the end of every year the Mayor sends to the director of the Administration of the Assistance Publique a report of the way in which each doctor has performed his duties. The Mayor is obliged to send on to the director any written complaints against the doctors. A physician once dismissed can never be again on the medical staff of the Charity Boards.

French law requires every commune or territorial division to provide assistance for its indigent members who may require aid. As early as 793 Charlemagne decreed that certain hospitals should be royal establishments, and made rules for the proper care of the poor population. Paris is bound by the same law to look after its poor. This gratuitous treatment extends, however, only to the indigent. After admission to the hospital inquiry is made, and if the patient be found in a position to pay the sum of 3 francs 30 centimes he is required to do so; as a matter of fact the sum is rarely claimed. In 1886 the total sum thus paid for hospital assistance was 2501 francs.

On the Ile de la Cite, near the Cathedral of Notre Dame, stands the Hotel Dieu (Maison Dieu, Domus Dei), the oldest hospital in Paris, and probably in Europe, as it was founded in 660, under Clovis II. It has 839 beds, admirably fitted up at a cost of 45,000,000 francs. About one-half this sum was expended for the site, which is an unfortunate

one, owing to the low ground and proximity of the two arms of the River Seine.

Hospital St. Louis was organized through the necessity brought about by the epidemic of 1562, during which 68,000 persons died at the Hotel Dieu, followed by the contagion which afflicted Paris in 1606. Henry IV, by the edict of May, 1607, ordered the construction of a hospital designed exclusively for the treatment of the pest. It was his wish it should bear the name of Saint Louis, who had died of that malady.

Hospice de la Vieillesse Femmes, aged women, commonly called Hospice de la Pitie, or La Salpetriere, from its location on ground formerly occupied by a saltpetre manufactory, is probably the largest institution of its kind in the world. It is about one-third of a mile in length, and contains more than 700 beds. The qualifications for admission are bodily or mental infirmities, or having attained the age of 70 years. The thousands of old women, excepting on Sundays and fete days, when they may dress as they please, wear the uniform of the hospital, which is blue in summer and grey in winter.

A similar institution is the Hospice Des Femmes Incurables, in the Rue de Sevres, a hospital for old, indigent and incurable women, which has accommodations for several hundred patients.

The poor of Paris, who fill these hospitals, are neat and clean and comfortable to a degree not found among the same class elsewhere. We fail, on visiting them, to find anything which might add opprobrium to poverty; their manners are almost invariably polite. The poorest cobbler, "who lived in a stall, which served him for parlor, kitchen and all," lived neatly and with a degree of comfort quite impossible on his income in England or America.

La Charite was founded in 1607 by Marie de Medicis. It was originally managed by the monks of St. Jean de Dieu, or Brothers of Mercy. Their old chapel, higher up, is now the site of the Academy de Medicine, founded in 1820.

The Neckar was founded by Madame de Stael, and named by her for her mother. She used a sum given her for charitable purposes by Louis XIV to establish this hospital.

Another interesting charity in the hospital line is the Hospice des Enfants Trouves. A Parisian once, after a very merry champagne dinner, entered a fiacre, and to the inquiry of the coachman as to where he should drive him, replied, "To the devil." The coachman started off at a rapid rate, as if he knew where he were going, and after some time stopped at the corner of a street, wakened up his passenger and demanded of him: "What number, Monsieur?" The gentleman, rousing up, saw inscribed on the wall, "Rue de Enfer"—Hell street. Here is situated the hospital for the little ones, who are always described as coming from heaven. The "Tour" was one of the most interesting old sights about this place. It was an unpretentious piece of wood in the wall, which, on being turned, presents a cushion of straw, where the poor mothers of Paris, after nightfall, deposited their infants, turned the wooden arrangement, placing the child on the inside of the wall, rung a bell and passed on. These children, as rapidly as possible after being received, are sent out to nurse among the peasantry. Often a mother who has thus deserted her child makes application as wet nurse and receives a child, possibly her own, and is paid a small sum for its care. Some touching and some amusing sights are seen among these deserted waifs of humanity. In one room was a tray or box containing a dozen babies a few days old packed together like sardines, which were crying and yelling to their hearts' content, not appearing in the least to discommode or distress the attendants.

The Trousseau, founded in 1660, is also a hospital for sick children.

Near the Pantheon is the Nationale Institution des Sourds-Muets, for the reception of deaf and dumb children between the ages of 8 and 15 years, the condition of admission being perfect destitution. Here these children are cared for when

sick, taught trades, are educated and instructed, and made useful members of society. The entrance court contains an elm tree 100 feet in height, planted in 1605 by Sully, minister of Henry IV. It is of enormous size and considered the oldest tree in Paris.

The Maison Municipale de Sante is a good type of the small private hospitals of Paris, where pay patients only are received. Prices vary from 5 to 12 franc per day, according to room and whether one to four are in a room. Surgical cases are usually more expensive than medical.

The total number of patients in the Paris Hospitals on January 1, 1889, was 21,504, about three males to two females. The total number of beds in all the hospitals of the city was 25,122.

The Polyclinic of Paris, where walking patients only are treated, after an existence of only six years has an annual number of consultations reaching a quarter of a million. This contains a rich collection of rare, interesting and instructive cases.

Libraries for the internes who reside at the various hospitals are situated in most of the institutions, and contain from 500 to 2500 volumes each.

The Hertford British Hospital, or Hospital Wallace, is a large Gothic edifice in the Rue de Villiers, built and maintained by Sir Richard Wallace. It has accommodations for 34 patients, and is surrounded by a beautiful garden.

The Hotel des Invalides, with its beautiful gilded dome, is a vast hospital occupying about 30 acres, founded in 1670 by Louis XIV. Soldiers disabled by wounds, and those who have served for 30 years are entitled to be received into the Invalides. The building was intended to accommodate 5000 inmates, but there are only about 450 now, as most of the old soldiers prefer to live independently on their pensions. It is an interesting sight, however, to see the old pensioners reposing on their laurels or hobbling about in the sunshine, eager to show the many relics and curiosities of

the place. Those old soldiers who have no appetite to eat their allowance of food may claim money instead, and to those who have wooden legs their allowance of shoe money is honestly refunded.

The dome of the Invalides, by Mansard, is lustrous with abundant gilding and on a bright day shines over Paris with the most brilliant effect. Reflected against one of those cerulean skies frequent in Paris it shines resplendent. There are many drives, as from the Trocadero to the Place de la Concorde, along which the dome of the Invalides accompanies you like a harvest moon. Beneath the dome is the tomb of Napoleon, one of the grandest and most fascinating objects in that beautiful city. A lofty dome, supported by massive pillars, perforated with narrow arched passages, and faced with Corinthian columns and pilasters; a marble floor of extraordinary richness and beauty; all round the base of the dome a stair of six marble steps descending to the circular space under it, and in the midst of this space a great opening or well, with a diameter of more than 70 feet, surrounded by a marble parapet, breast high, for the safety of the visitors who look down upon it. Such is the first impression of the magnificent interior. You look down as if into a grave. There you stand transfixed and gaze spell-bound, as if waiting for something to happen, yet a more unchanging spectacle could not be imagined. In the centre is a large sarcophagus of polished red Russian granite, and 12 colossal statues stand under the parapet, all turning their grave, impassable faces toward the centre. These are the 12 victories whose names have resounded around the world. In spaces between them are sheaves of standards taken in battle, and in the red sarcophagus lies the body of Napoleon. There is a marked resemblance between the tomb of Grant, now being placed in Riverside Park, and that of Napoleon at the Hotel des Invalides.

On the banks of the Seine, within a stone's throw of the Hotel Dieu, is one of the weird sights of Paris—La Morgue. It is a low Doric build-

ing, constructed of roughly hewn stone, where all dead bodies found in the streets of the city or in the river are exposed to view for three days for possible identification. A never ceasing stream of spectators, attracted by a morbid curiosity, constantly passes in and out from the painful scene. Seven hundred and fifty bodies of unknown persons annually find their way hither.

As 10 per cent. of those who are ill in the Paris hospitals die annually, it is but meet to end this description of the fostering care of the beautiful city for her sick and suffering ones with mention of the great Parisian cemeteries. Of these there are 19, 13 cemeteries being within the city walls.

The Cimetiere Israelite, adjoining, has monuments to Rachel, the tragedian, the beautiful chapel of the Rothschild family and the Epstein chapel.

The tomb of Lafayette is found in a small cemetery in the eastern extremity of Paris, called the Picpus.

Pere La Chaise, which covers 110 acres, is the most extensive, and contains many noteworthy examples of

sculpture and architecture, while among its more than 20,000 monuments are memorials of many notable persons of this century. Time would fail even to mention the famous names seen at every turn—Marshal Ney, Victor Hugo, Cuvier, Talma, the tragedian; the Racine family, Nelaton, Thiers, Lafontaine and Moliere. This cemetery was named from Lachaise, the Jesuit confessor of Louis XIV, whose country seat occupied the site of the present chapel. Pere La Chaise contains the first and only crematory in Paris.

To the right as we enter our footsteps seek the recumbent statues of the unfortunate Abelard and Heloise, beneath a lofty Gothic canopy. This monument was restored from fragments from the convent of Paraclee, which Abelard founded about 1125, and of which Heloise was first abbess. It was long preserved in the Palais des Beaux Arts, but was transferred to its present position in 1817. The tomb is frequently decorated with wreaths and offerings of flowers from those who regard it as the shrine of disappointed love.

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## NOTES ON SOME OF THE CLINICAL FEATURES OF TUMORS, THEIR ANATOMICAL CHARACTERS, MORPHOLOGICAL ELEMENTS AND THEIR THERAPY, BY TENTATIVE, CONSTITUTIONAL OR RADICAL MEASURES.

BY THOMAS H. MANLEY, M. D.

NEW YORK.

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### VISCERAL TUMORS. (Continued.)

ABDOMINAL TUMORS—ECTOPIC  
—DEPENDENT ON DEVIATION  
IN THEIR RELATIVE POSITION  
IN GROWTH, IN DEVELOPMENT  
AND PATHOLOGIC CHANGES.

Hernial protrusions, as generally understood, consist of the escape of viscera from the general cavity of the peritoneum. We were last en-

gaged in briefly considering some of the morbid enlargements along the inguinal areas, which may simulate hernia, or be present with it as a complicating factor. But if we have tumor-like excrescences which escape from the peritoneal cavity—fall out of it, so to speak—we have a

highly interesting group produced by organs or structures invading the peritoneal cavity—falling into it—which normally is this in part, or entirely belong outside of it.

It does not appear that any modern author, or any of our large numbers of "systems" of surgery, has taken up this important aspect of "ectopic tumors."

The subject is a large one and worthy of an abler pen, which would furnish a large chapter on one of the most important and interesting topics in the whole domain of surgery.

Tumors or tumor-like masses which tend to pass out of the abdominal cavity and out of the general cavity of the peritoneum are all hernial, although those descending through the vagina are generally known by other designations.

The fixed organs liable to displacement to a considerable extent in pathological conditions and to make excursions within the coelum are the kidney, "renal tumors," the spleen, the bladder, the caecum, the stomach and liver. To this list may be added vascular tumors, as aneurism of the aorta, or extensive varix of the ovarian plexus. Among those of the above, partly or wholly extra-peritoneal, prone to distinct ectopia, are the renal, splenic, vesical and caecal organs.

In no region of the body do we so generally find a typical development, deviation in development and relation of structure, as in the abdominal cavity; an interesting, though often unimportant circumstance, except in the event of pathologic changes. The study of this group of organic tumors, ectopic viscera, is of the highest importance to the physician and the surgeon. Very often the difficulties in the way are great; indeed, sometimes quite impossible. The fact is, it is by no means uncommon for the most experienced and skilled to be baffled in his endeavor to differentiate a neoplastic mass, from a diseased or floating organ.

For instance, enormous distention of the gall-bladder or the renal pelvis has been mistaken for an ovarian cyst, and sub-peritoneal localized

accumulations have been confounded with floating kidney.

The great thickness of the abdominal fat often renders surface examination difficult, unsatisfactory or possibly entirely negative; and more, not infrequently, even when the abdomen is opened, and when we are dependent almost solely on digital exploration for guidance, unless great caution be exercised, we may equally fail, or, commit a serious blunder, through our mistaken conception of things.

Not long since a case came to my knowledge, wherein an inexperienced operator, on opening the abdomen in search of the ubiquitous appendix, seized on the uterus, and had it nearly entirely detached before he discovered his mistake. But it was too late to stop, and a complete hysterectomy had to be done; and another yet, when out in search of a "pus-tube," caught up and cut out a considerable segment of the distended small intestine. An instance comes now vividly to mind of a teacher of considerable note, lecturing the class at length on the various types of renal tumors, preparatory to cutting down for what was supposed to be a sarcoma; but on division of the tissues a para-typhilitic abscess was opened. The caecum had not descended. Some time ago on operating for appendicitis, on opening the peritoneum a vast sacculated mass bulged into the incision. It was my first impression that we had before us a large retro-peritoneal abscess, which turned on itself and concealed the caecum. By exposure and deep exploration it was evident that it must be the bladder. To be positive a catheter was passed, when more than a half gallon of urine was drained off. The perforated appendix was then readily discovered and removed. To have plunged a scalpel into the vesical wall under the circumstances would very probably have been fatal in its consequences.

The indefinite position of the caecum is a circumstance which constitutes one of the difficulties and dangers in operations for appendicitis. When the caput-coli is well lodged in the right iliac fossa, with a

# PILLS UNDER THE HAMMER.

Some Interesting Experiments with Coated Pills.

By J. FRED WINDOLPH, Brooklyn.

*Reprinted from the Pharmaceutical Era of Dec. 10, 1896.*

A black, shiny, gelatin-coated pill imbedded in a piece of pine wood board attracted my attention. It looked as if it had rolled into a dent in the wood, but it did not drop out when the board was inverted. Prying it out with a knife blade, I found in the wood a perfect impression of one-half of the pill. The pill itself was as round and handsome as gelatine-coated pills ever are, and, except for the dent of the knife blade, the coating was not broken or scarred.

How did it get there? I had heard of pills "as hard as bullets," and "shot gun prescriptions" were no strangers to me. Was it possible, I reasoned, that some irascible neighbor, disturbed in the midst of his slumbers by the howling of another neighbor's dog, had inadvertently loaded his shot gun with cathartic pills, and that the one I held in my hand was a stray bullet; or, I should say, a stray pellet? That would be "throwing physic to the dogs" with a vengeance.

The piece of board that excited my curiosity was about an inch thick and had formed half of the cover to an ordinary packing case. An examination of the other half of the box cover revealed another dent into which the upper half of the pill fitted exactly. If I could have found a gimlet hole leading to this dent from the other side of the board, I would have been almost ready to believe that the pill had been run in hot and been moulded there. But the tell-tale mark of a hammer blow told a different story. It was evident that the pill had been driven into the wood by a blow from a hammer, incredible as that seemed. To satisfy myself on that point, I placed the pill between the two boards, gave the upper one a sharp blow with a hammer, and the trick was done. The pill was imbedded half its thickness into the lower board.

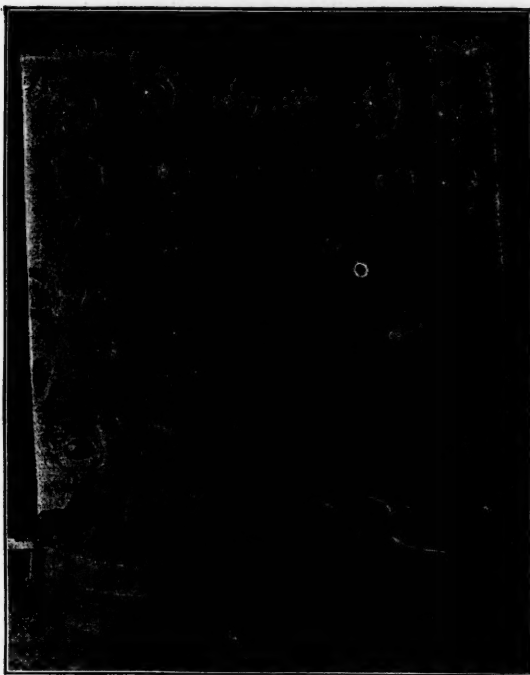
It struck me that it must be an ancient pill that would stand such usage. I opened a bottle of pills recently received from the maker, and to my surprise they penetrated the wood almost as readily. This led me to experiment with other pills as they came in from the jobber, with the results shown in the accompanying photograph.

The board used was an ordinary piece of pine about an inch thick, such as is generally used in large packing cases. The pills were all bought in regular course of business fresh from the jobber, except in the few cases noted. They are all quite commonly prescribed and made on a large scale by all manufacturers, as an examination of the list will show, and the makers represented are those whose products are most frequently specified by physicians on their prescriptions.

The bottles were opened as they came in and a pill from each was subjected to the test outlined above; in some cases, after the pill was imbedded in the wood, the smaller piece of wood was placed

on end over the pill and it was driven further in, very much as the carpenter uses his punch in driving the head of a nail.

Each experiment was numbered as shown on the board and a record made of the kind of pill and the maker's name. The original bottles from which these pills were taken are now in my possession. I have indicated the manufacturers by letters of the alphabet for convenience of reference.



No. 1 was an ovoid 2 grain Cascara Sagrada Extract Pill, gelatine-coated, made by "A." It penetrated the wood without difficulty and without damage to its coating.

No. 2 was an ovoid, Post Partum Pill, gelatine-coated, made by "A." Penetrated more readily than No. 1, and without damage to the coating.

No. 3 was an ovoid Compound Rhubarb Pill, gelatine-coated, made by "B." Was as hard as a rock, if not more so—a single blow driving it deep into the wood without any perceptible effect upon its shape or coating. Later experiments with one of these pills showed that it could be driven unscathed clear through an inch board and then through a piece of lead pipe without so much as ruffling its covering.

No. 4 was a round Triplex Pill, gelatine-coated, made by "C." Very hard and resistant and was easily forced into the board unchanged.

No. 5 was an ovoid Brown Sequard Neuralgia Pill, gelatine-coated, made by "A." Flattened slightly under pressure, but was driven into the board with no injury to the pill beyond a slight fracture of the coating.

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No. 6 was an ovoid 2 Grain Sulphate Quinin Pill, gelatine-coated, made by "D." This was an old pill, the coating having turned quite yellow, but there was nothing indicating weakness or decay in the sprightly manner in which it landed into the board under the urging of the hammer, nor in the "Never-touched-me" expression of its unscarred form.

No. 7 was an ovoid 4 Grain Asafetida Pill, gelatine-coated, made by "E." The mass seemed in fair condition, but it resisted the pressure to the extent of being driven in unaltered shape and with the barest fracture to its coating.

No. 8 was a round Compound Cathartic Pill, sugar-coated, made by "F." The first blow shattered the outer shell of sugar enveloping the pill, but failed to leave a mark on the pill itself or on the hard sub-coating that it apparently had. A second blow drove it well into the wood without further fracture.

No. 9 was a round Aloes and Iron Pill, gelatine-coated, made by "F." The coating was rather brittle and cracked slightly on the top, but it was easily forced into the wood.

No. 10 was an ovoid U. S. P. Aloes Pill, gelatine-coated, made by "D." Passed through the ordeal and part of the board without difficulty.

No. 11 was a round 3 Grain Sulphate Quinine Pill, gelatine-coated, made by "F." The coating cracked, but it was otherwise unaltered.

No. 12 was a round Aloes and Myrrh Pill, gelatine-coated, made by "F." Very hard and looked just as handsome after it was driven into the board as it did before.

No. 13 was a round 5 Grain Blue Mass Pill, gelatine-coated, made by "C." Was very soft and plastic, so moist, in fact, that the pills stuck together in the bottle. Penetrated slightly and flattened out readily.

No. 14 was an ovoid 3 Grain Blue Mass Pill, gelatine-coated, made by "A." Was an old pill and forced its way into the wood unchanged in shape and appearance.

No. 15 was a round 2 Grain Sulphate Quinine Pill, coated, made by "G." The coating was very thin and the pill was crushed without leaving any trace on the board except powdered quinine.

No. 16 was a round 5 Grain Salicylic Acid Pill, gelatine-coated, made by "C." The mass was fairly soft, but it penetrated the wood in a flattened condition.

No. 17 was a round 5 Grain Bland's Pill, coated, made by "G." Reduced to a powder like No. 15.

No. 18 was an ovoid anti-dyspepsia pill, gelatine-coated, made by "A." Flattened, out, but left considerable of a dent in the board.

No. 19 was an ovoid 5 Grain Bland's Pill, gelatine-coated, made by "C." Almost as hard as No. 3, and equally unchanged after being driven into the wood.

No. 20 was a round Stomachic Pill, sugar-coated, made by "H." Sank into the board more readily than No. 8 and with less injury to its coating.

No. 21 was a 5 Grain compressed tablet of Bland's Mass, sugar-coated, made by "C." Penetrated the wood more readily than any of the other sugar-coated pills, the coating being entirely unharmed.

No. 22 was an old ovoid 5 Grain Bisulphate Quinine Pill, gelatine-coated, made by "A." and sank into the wood as any old pill will do under similar circumstances.

No. 23 was an ovoid Compound Rhubarb Pill, gelatine-coated, made by "B"—same lot as No. 3. The pill is out of sight in the photograph, the dark spot No. 23 being the hole where it went into the wood. It went clear through the board, splintering a piece off on the under side about  $2\frac{1}{2}$  inches long and  $\frac{1}{2}$  inch wide, and from all appearances may be treated in the same manner repeatedly, the coating being not even scratched. A wooden punch of oak wood was used in this case.

No. 24 was a round Compound Rhubarb Pill, sugar-coated, made by "H." The mass and coating were so hard that it easily penetrated the wood with nothing to indicate the force of the blow except a slight chipping of the coating.

No. 25 was a round Phosphorus and Strychnine Pill, gelatine-coated, made by "F." Penetrated easily, coating and pill intact.

No. 26 was a round Compound Rhubarb Pill, coated, made by "G." Coating and pill crushed without denting the board.

After these experiments the board suggested very much the appearance of armor plate after a government test of some new projectiles. Some of the shots pass right through, others are imbedded at varying depths and some few make no impression on the target whatever.

Most of the pills as shown in the photograph penetrated more or less into the board. Pill No. 23 passed through an inch board with such surprising ease that I turned to some of the metals for other experiments. I took a piece of lead pipe, folded it around one of these Compound Rhubarb Pills that had just gone through the board, and struck the lead repeated blows with a hammer. I kept this up until the pill forced its way through the lower piece and left its impress on the upper, as shown in what might be called the "lead pipe cinch" to the right in the photograph. The lead pipe was about an eighth of an inch in thickness, but that did not bother the Rhubarb Pill or even crack its coating.

It is perhaps but fair to this pill to state that they were made at some distance from New York City, and naturally were not as fresh as when they left the laboratory. But, on the other hand, it must be borne in mind that the pills used in this experiment were all (with the exceptions noted) as fresh as it is possible for the pharmacist to procure them. What would have been the fate of the board if these pills had been a few months older may be judged by the pharmacist who may in this manner test gelatine-coated pills taken at random from his pill stock.

"Lead Pills" have their place in military warfare; but the physician in battling with disease should select his ammunition for other qualities. I make no comment on the solubility of a pill, whether coated or uncoated, which is of sufficient hardness to penetrate a pine board. I feel justified, however, as a pharmacist, in contending that the interests of the physician, the patient and druggist as well, are better served by pills extemporaneously prepared, or, in any event, by the use of such manufactured pills as are known to be in a permanently soluble condition.

I appreciate the fact that ready-made pills are at times a convenience and that the habit of prescribing them is well established. Such pills now on the lists of manufacturers, and others that may be added, will, of course, continue to be used. It would be well, in that case, if the matter of solubility of mass and coating were given consideration by the pharmacist and physician and preference shown for those pills which exhibit the drugs in the best form for ready assimilation and which lose that quality the least by reason of age.

broad overlapping bond of connective tissue, in the event of caudal perforation and suppurative division and drainage of the pyogenic pouch are comparatively simple and safe. But when the meso-caecum is long and the caecum swings away in various directions, operative procedures become altogether more complicated and call for the experienced hand.

Of late years the profession has been rather rudely awakened by the startling announcement that "one married woman in every ten, who had borne children, had displaced kidney, moveable kidney." This certainly opened up a new and fertile field for the abdominal surgeon. But, alas! for the theory, the estimate was too low; for every kidney floats (in fact) in the healthy subject. The wandering kidney is certainly very rare, except when the organ is diseased. Some years ago Loomis declared that he never detected one post-mortem. Only one well-defined case has come under my observation in the living or dead; when the organ was in a healthy condition.

In pyonephrosis or surgical kidney we very generally find that the distended, weighted kidney tends, in obedience to gravity, to sink downward on standing. In the recumbent posture the patient must always lie on the side of the diseased kidney, else the tendency of the engaged organ is to move inward and occasion great discomfort.

In these cases of "renal tumors," although capable possibly of detection by the clinical history, surface examination, manipulation and the skiagraph, the most definite light

is reflected on their true characters by morphological and chemical examination of the urine.

Phantom tumors of the abdomen constitute an interesting class. They may simulate visceral ectopia or genuine neoplasm, and may appear anywhere over the planes of the larger muscles. Their most favorite site is in the medium line, or on either side, in the fleshy origin of the obliques or transversalis. One case of this description came to me some months ago. The patient was a young woman who was supposed to have a movable kidney on the right side. The marked bulging over the right iliac fossa and mobility of the fullness gave a clew to the probability of renal dislodgement or possibly a growth rising from the pelvis.

In order to remove any doubt and make a complete examination an anesthetic was given, when everything vanished—no trace of the transformation or deformity remaining. And here it may be observed, that with few exceptions it is not possible to make a thorough abdominal examination in the conscious state. It is most extraordinary how anxious those neurotic individuals, the victims of phantom tumor, are to have an operation performed, even though they are assured no real tumor exists. One of these cases came to me two years ago for operation. After repeated examinations, I denied positively the existence of a tumor. She left me and sought refuge in a hospital, where she underwent an operation, which revealed the fact that she had no tumor. Now she has a genuine ventral hernial tumor.

## THE PROBABLE FUTURE OF THERAPEUTICS.

BY JAMES ROBIE WOOD, M. D., NEW YORK.

Identica, Similia, Contraria—By These Signs We Will Conquer.

### PART SECOND—THE SERO-THERAPY OF SIMILARITY.

"What is truth?" said jesting Pilate, and would not stay for answer."

What is truth? So ask we all,

but that absolute monarch, Pride of Intellect, hushes every answer which may shake his throne.

Could we honestly ask that ques-

tion, so vital in all affairs of time and eternity, then humbly and cheerfully hear and heed the voice of the oracle, however much it might bruise the vanity of preconceived notions of truth or error, how grandly would our world move onward and upward.

Many years ago the highest Court of a mighty nation was called upon to decide a question of great moment to a poor man who had brought suit against the Government itself. His claims had been fully sustained in all the lower Courts, but when he came before his nation's most august bench that body of wigs and wisdom evidently had sent their brains and law to Coventry, for the decision rendered was in effect that "John Smith forfeited all his legal rights when he stood on his head."

The suit was for infringement of a patent, the Judges deciding that although exactly resembling the complainant's it was not an infringement, because the defendant had applied his device upside down. Of course this is not the phraseology, but it is the substance of the decision.

Are we any less absurd in our medical decisions?

In the application of diphtheritic anti-toxin to that dreaded disease there are medical men—very few, thank God—who insist that the law of identity is not considered in this and other anti-toxins.

No one knows what is the curative principle in this wonderful serum, which so often shakes its fist at death and compels it to fly; but men do say that true diphtheria carried through the vital fluids of living animals, comes forth an angel of healing.

Here again John Smith suffers reverse; in other words, diphtheria mixed with horse, and thereby or therein sufficiently diluted so as to prevent intense aggravation by overdosing with too much diphtheria, is not an application of the law of identity.

But says another it is no longer diphtheria; the anti-toxin secured by this manipulation is an entirely different thing. If that is the case why not apply the serum of the

horse pure and simple? Are we sure that if used with the same confidence, without introduction of diphtheritic matter that it would not produce as good results? Certainly it is not immunized blood, for a child lately recovered from a cowpox or variola has immunized blood; but will serum taken from such a source cure smallpox?

When we learn to be perfectly just and cheerfully accept defeat and profit by it there will be an absolute certainty of medicine bounding forward as splendidly and rapidly as surgery has done during the last decade, and not one moment sooner.

"The forlorn hope," composed of men who put truth and duty before human respect, have by their heroic devotion prevented medicine from becoming a wretched tramp without principle or purpose. Such noble souls while living were maligned and persecuted, dying honored and obeyed, and their memories cherished as "footprints on the sands of time."

There is strong evidence that one such hero, Paracelsus, was foully murdered for his bitter opposition to the stupidities of the physicians and apothecaries of his time.

Another crossed the threshold between the last and this century. So unusually magnificent was his offering to mankind that medical men have not ceased to dishonor his name, even after his poor body has been long laid at rest. But the incoming, which will probably be the grandest century on the records of time, will bring garlands of glory to weave around his memory.

Not many years ago an able Scotch physician "re-discovered the screed," and declared that for certain cases of blood stasis in disease he found that drugs which produced a similar stasis were of great curative value, and then, terrified by the shadow of a brainy old German hidden behind the thought, he fled precipitately from his position.

Years ago, Dr. S. Henry Dessau courageously read a paper, which did much to awaken attention and remove prejudice, before a section of the Academy of Medicine, on "the power of small doses," wherein he gave instances of the remarkable ef-

iciency of minute doses of certain remedies in relieving and curing certain conditions which resembled the primary action of these drugs. The respectful attention and assent of those present proved that swords were ready to be drawn even for a despised and maligned truth. There are many more true and earnest men in all schools than little ones, but it is sad to see that even noble men are influenced by the noisy, insignificant few. One cur will set 20 mastiffs barking at they know not what. The bitter opposition which has so constantly antagonized great truths will undoubtedly continue whenever new truths are presented, under the hollow pretence of conservatism.

It has been said with infinite satire that if such conservatives had existed at the dawn of creation, when God said, "Let there be light" they would have protestingly cried: "Hold, disturb not the eternal chaos."

However crude in its present form, identity as one law of sero-therapy has the confidence of the majority.

In the early future similarities and antagonisms will surely become greater forces, not only in sero-therapy, but also in general therapeutics. No armies of prejudice can longer stay sincere seekers of truth. Medical men begin to see the necessity of honest and earnest inquiry, and will not tolerate reasonless scoffing.

How often have professional men who hesitated to acknowledge truths been chagrined to find the so-called ignorant masses thinking and acting for them.

Peruvian bark is not the only precious drug dishonored as an outcast by our profession until grown in strength, beauty and usefulness under the care of the common people, then claimed as a child of our own nurturing.

In my previous paper attention was called to the fact that the immortal Jenner had caught a passing glimpse of a general law of similitudes as a curative measure deduced from his great discovery of cowpox inoculation.

I shall endeavor to elaborate the

subject as far as possible with the limited time and means at my command. As heretofore stated, in 1875 I first began experiments in the sero-therapy of identity, but unfortunately did not include acute contagious diseases in those studies. Eager to find a remedy for tubercular diseases and later cancer, my attention was constantly fixed upon those maladies.

The fruitless results after many years of effort caused me to regret having been tempted away from certain other experiments, which I had instituted several years before 1875. Those earlier attempts were suggested to me by Dr. R. C. Furley's treatment of smallpox with injections of vaccine lymph.

I followed his experiments in the same direction, but it was some time before the possibility of this being a general law occurred to me. Dr. Furley published an account of his treatment of variola in the early part of 1872.

Jenner had noticed the modifying influence of herpes upon the course of both vaccine and variola, during the latter part of the last century.

It has always seemed strange to me that Dr. Furley's vaccine serum-therapy was not more seriously considered, but it will assuredly be thoroughly studied during the early part of the twentieth century.

I have frequently regretted my inability to carry out these ideas in a thorough and scientific manner. Want of financial means, opportunity and capacity prevented my developing a therapeutic serum which may become one of the greatest boons to suffering humanity during the next century.

The law of antagonism in sero-therapy, as well as in all other therapies, I shall try to discuss in my next paper. A later article will be devoted to suggestions of the probable application of all these laws in general therapeutics.

Identity must needs be confined to sero-therapy alone, while similarity and antagonism will cover a very wide therapeutic range.

What is meant by a sero-therapy of similarity?

The most perfect example, as I

have before stated, is found in vaccine in its relation to variola. Here we find a very great similarity (not identity) in several of its manifestations, especially in the pustules.

Cowpox used as a preventive has been a world-wide blessing, but if it gives a key to a more extensive application of serum to disease it will surely merit the highest monument of the purest marble and of the greatest beauty that man can offer to a law of cure.

Of course, preventive measures, general hygiene, mental, moral and physical, are of the first importance; but there will ever remain many serious conditions demanding remedial measures. Hygiene alone cannot prevent or remove all physical afflictions, as we shall find to our sorrow; therefore therapeutics will long hold a place in the affections of suffering humanity.

How shall we find these similarities from which to obtain curative serum? It would be an endless task to name all the sources wherefrom we may gather material, but I may be able to lay down some general rules.

First it will be well to examine the animal kingdom, beginning with man, next the higher grades of the lower animals, then reptiles, insects, etc., and finally the mineral and vegetable kingdoms. That there are many diseases resembling others physicians who have suffered days of doubt too well know. The important point is to discover the closest parallels possible.

There are many maladies which have a slight or fancied resemblance to others, such as herpes, varicella and variola, also the counterfeits of scarlet fever and measles.

This list could be continued for pages, but as it is probable that we will not be compelled to seek such therapeutic serum from human beings it is needless to enumerate them, especially as a study of the lower animals will yield richer rewards.

As our knowledge of their diseases is limited, we may be obliged to labor long before securing satisfactory similitudes. Fortunately means are at hand to bridge the interval. For artisans we appeal to those

great accumulating and constructing forces of science—comparative anatomy, with its wonderful lessons of man and beast; physiology, with its tireless life-searching eye; chemistry, with its never-ending experiments; botany, with its beautiful mirror, reflecting the vegetable world from root to branch, flower and fruit, and then philosophical minds capable of co-ordinating the special investigations of all the material workers, and by the aid of ascertained facts reason from cause to effect, and from effect to cause, until many of life's mysteries are solved. Unaided materialism will soon or late surely be dashed against rocks eternal.

When the human eye, assisted by the highest microscopic power attainable, has reached the limits of material possibility, then the neglected vision of the mind will search successfully through the great unknown, where the smallest microbes, as we know them, may be gigantic to a world of infinite littleness, which is far beyond the grasp of all save the intellect's endless reach. "We have explored the entire universe," says Tyndal, "and have now reached the outer rim beyond which there looms another universe, one which will forever loom." To this an eminent man has thus replied: "Over that rim and into that universe we can, independently of revealed truth, by the inherent and cultivated power of intellect, lead you, O learned professor, and tell you many secrets which your limited vision, darkened by contemplating the earth alone, can never perceive." So will it be with medicine when it has reached the outmost boundaries possible to material investigation. Then the long-scorned philosophical intellect shall once again resume its rightful throne.

With such means we may bridge the interval, and where it is not possible to find similar diseases to those we wish to treat, we may successfully appeal to the mineral and vegetable kingdoms, and where a deficiency still exists the reptile and insect world may supply our needs, directly or indirectly, as I shall explain later.

The advantage of using serum

from similar diseases is, first, that there is not the same likelihood of aggravating the malady treated as there is in using anti-toxins from identical diseases.

Second, because there is a probability that the similar diseases found in lower animals cannot be conveyed to man.

Third, the study of similar pathological conditions in these animals offers opportunity to learn if there are antagonistic microbes and their true characteristics. This would be a long stride in the right direction.

A careful study of the diseases of domestic and wild animals will reveal many startling similarities.

Having found them the question arises: How, when and where the serum is best obtained?

In the case of cerebral diseases it would be most rational to procure the serum from the substance of the brain or its investing membranes. In spinal diseases and all other morbid conditions it would seem well to secure the serum from the tissues or organs most commonly affected.

When—depends upon the character of the disease.

The serum thus obtained may be used directly, after attenuation, in some suitable fluid; or indirectly, by first carrying the disease through another animal.

The preparation of serum is so broad a subject, and as my own experiments in this direction have been crude and unsatisfactory, I shall not repeat them here. Others will be able to carry this out more perfectly than I have ever done. Now what are we to do until similar diseases are found? It has long been known that symptoms and conditions resembling nearly every known disease can be produced by the introduction of vegetable and animal poisons. Almost every emotion has been stimulated under the influence of drugs.

But it is from reptile and insect poisons that we may obtain the similitudes of the most virulent maladies. The least of these toxicants probably produce the most extensive counterfeits of serious diseases. One species of water snake has caused symptoms closely resembling malig-

nant growths. It would amaze us to see how many pathological conditions can be produced by vipers and insects; from the rattlesnake and gila monster to the tarantula of South America and that of Cuba.

There is hardly a diseased condition, mental or moral deformity that they cannot produce. We can use their venom directly, or by applying serum from animals inoculated with it. From these pestiferous creatures many may yet receive precious blessings of restored health.

We may learn to produce any condition at will, and from animals thus artificially diseased obtain efficient serum.

Many centuries ago it was a belief or superstition that certain plants could be made to absorb disease while growing, and extracts prepared from them would cure the same diseases as those that were used to inoculate the plants, which, it was fondly imagined, in some mysterious way transformed the diseases into healing balms. The plants chosen for this purpose were those which bore some real or fancied resemblance to the disease itself, either in root, bark, stem, leaf, flower, fruit or juices.

These were a few of the ideas of that peculiar sect called the School of Signatures, which ideas were possibly gathered from savage tribes. Paracelsus spoke of these proceedings with great respect. When we stop to think, does it seem one whit more absurd than injecting diphtheritic toxin into a horse to produce an antitoxin? Had the two propositions been seriously made to the Academy of Medicine 30 years ago they would have caused boisterous laughter or supreme contempt, but of the two the physicians present would have said that the injection of disease into living plants, expecting the peculiar influence of plant life to produce a curative principle, was certainly more reasonable. Could we but imagine the absurdity of some of our medical fads of to-day as they will be viewed by our medical posterity of 2097 we would doubtless feel exceedingly cheap. On the other hand some of the theories treated as despised absurdities to-

day may be, aye, undoubtedly will be, recognized as foundation stones of a more perfect temple of medicine. Then the image in stone or bronze of him whose name we hardly dare to utter in polite medical society to-day will occupy one of the highest pedestals nearest the immortal Greek, Hippocrates, in that future sanctuary of medical benefactors.

Let us rapidly review this sero-therapy of similarity:

First, we are to seek serum from diseases in the animal kingdom, resembling, but not identical with, the diseases we wish to treat.

Second, failing to find such similar disease, by introducing animal, vegetable, mineral, reptile or insect poisons, and when the symptoms are most intense secure serum for application.

Third, we may apply toxicants directly to the disease itself, from these various sources, but especially from plants, vipers and insects. Several points herein touched upon will be more fully elaborated when the subject of the sero-therapy of antagonisms is taken up; but more exten-

sively when general therapeutics of the future is reached.

Some may object that this theorizing on future therapies is like a few ancient philosophers who, having built upon imaginary foundations, without sufficient facts to guide and sustain them, often fell into error, but we must acknowledge that, considering the paucity of facts at their command, they often builded well.

What is here written is founded not on imagination, but on facts, which are everywhere; we breathe them from the very air.

For almost a quarter of a century I have experimented in these directions. They have been crude attempts and comparatively fruitless, but others have in a measure succeeded who have followed me on one of these roads.

The suggestions here offered for future experiments have come from uncertain but sincere gropings after truth. To reach truth we must use every effort to get hold of sound principles, guided by the starlight of facts and the sunlight of reason.

## CHRONIC MALARIAL TOXEMIA, ITS PREVALENCE IN NEW YORK CITY—CAUSES AND TREATMENT BY ALTERATIVES.

BY J. P. SHERIDAN, M. D., NEW YORK.

It is not my intention here to dwell upon the many manifestations presented in chronic malarial toxemia, nor to appeal to the evidence of medical statistics in proof of the great number of these cases prevalent in New York City. The numerous excavations necessary in the erection of buildings, the turning over of soil in cellars long hidden from sunlight, the blasting of rock, etc., etc., are prime factors in establishing conditions which develop the activity of a germ whose influence all physicians are sooner or later called upon to combat. We do not know positively when or in what form the pathogenic organisms exist outside of the body. We are equally uncertain as to their mode

of entrance, most authorities looking on the respiratory organs as principally or exclusively concerned. Be this as it may, symptoms present themselves which do not yield to quinine, nor to Warburg's Tincture, except that they are palliated, not cured, recurring again and again, and the same result being attained and a like exacerbation occurring to the individual upon a new exposure. No one can deny that quinine is a *sine qua non* in the treatment of malaria, when it is administered during the intermission or remission of an acute exacerbation, but it is in those types which belong to the chronic form, and especially the anemia present, which I wish to call attention to.

In the treatment of these condi-

tions I have used Barclay's solution of bromide of gold and arsenic (Arsenauro) with the most gratifying results. My attention had been repeatedly called to this solution, and its companion, liquid bromide gold, arsenic and mercury (Mercauro), but like most of my colleagues I did not realize their efficacy until I had put them to a crucial test. This I have done in a large number of cases, extending over a period of 12 months. At first I made the common error of discontinuing their use too soon. We must push them as we do diiodide of potassium—to the point of toleration. In persons who could not take Fowler's Solution these combinations, as presented, were readily borne, the irritant effect of the arsenic being overcome. It is well to administer these solutions largely diluted, giving them in a half goblet of water if possible, and keeping the patient near point of toleration for at least six weeks. Preference should be given to the mercurial combination in malarial anemia and malarial cachexia and splenic enlargement. In masked intermittents, or "malaria larvata," quinine is useless, but I

have demonstrated to my satisfaction the value of liquid arseni et auri bromide (Arsenauro). I have recently used these solutions in other conditions requiring alteratives and my results have been most satisfactory.

I particularly emphasize the point that these solutions must be continued for a reasonable length of time. In many cases improvement does not manifest itself promptly. Arsenauro and Mercauro are in no wise palliatives. One bottle may apparently give no result. Palliatives never affect structures, but only functions. The organic changes remain just the same, no matter how long palliatives are administered. "This is according to the therapeutic law to which there are no exceptions, that any drug whose specific medicinal effects can be secured by one dose (or a few doses) cannot modify or affect a structural change." I refer to these principles of therapeutics here because I wish to emphasize my assertion that these solutions are not palliative, but curative.

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#### HYDRIODIC ACID AND ITS EFFECTS UPON CONSTITUTIONAL DISEASES AND ITS ADVANTAGES OVER THE IODIDES, ESPECIALLY THE SYRUP OF HYDRIODIC ACID (GARDNER).

BY J. J. CALDWELL, M. D., F. S. S., LONDON.  
BALTIMORE, MD.

As a prelude to the above entitled article, in justice to Dr. R. W. Gardner, Ph. B., I must in all honesty say that before his pharmaceutical and chemical efforts there was no preparation of hydriodic acid (iodide of hydrogen) that was either stable or reliable; that since my acquaintance with his introduction of this valuable remedy I have been both by clinical experience and theoretical deduction thoroughly impressed with its reliable application to the various phenomenae, and of its entire reliability in nervous troubles, especially those of a spasmodic char-

acter, particularly in the kind arising from hereditary or constitutional taints. I am thoroughly aware that the profession owes it to Dr. Gardner that "Syrup of Hydriodic Acid" is available as a medicine, the first permanent form of hydriodic acid ever made being his syrup, which was introduced in 1878. All other syrups of hydriodic acid are imitations of his.

While hydriodic acid was known and suggested as a means of giving iodine many years before his syrup was introduced, and a solution was even introduced in the U. S. Pharm.,

they were all unavailable as a medicine on account of the proneness to decomposition, which made it impossible to find a sample fit to use.—J. J. Caldwell, M. D.

With hydrogen, iodine produces a gaseous acid, which we term hydriodic acid, a saturated liquor of which has a sp. gr. of 1.7, and boils at 260 degrees Fahrenheit. This is not used in medicine, but prepared as "the syrup of hydriodic acid." It is a colorless, odorless and transparent fluid, with a sweetish acid taste, and is given in many affections, like scrofula, goitre, in enlarged glands wherever located, in chronic rheumatism, in asthma, whooping cough, bronchorrhea, and is useful in the fibrous form of phthisis pulmonalis.

The hydriodic acid was introduced into pharmacy by Dr. Andrew Buchanan, of Glasgow as likely to take the place of iodine and as a less objectionable drug. He suggested the solution of five grains to the fluid dram, but about 1878 this gave place, because of the difficulties of its preparation, to more stable compounds, and the form now used is the syrup of hydriodic acid as unalterable when properly made and should represent six and two-thirds grains of iodine to each fluid ounce of the syrup. It is more easily assimilated than the iodine itself, and not at all irritating to the stomach, as are all the other iodine preparations, which vary in their therapeutic action according to individual peculiarities.

If this syrup were useful in nothing else its power to relieve spasm of the bronchial tubes in asthma and in whooping cough would render it invaluable to the neurologist, for sleep cannot be induced without danger, while the feeling of suffocation has possession of the patient during the paroxysms of these two diseases. When great restlessness exists it is questionable if the production of sleep at all hazards is worth the risk we run in using large doses of such strong hypnotics as opium, chloral, chlorodyne, morphia or hyosciamia. Dr. Graves, of Dublin, used to give 30 drops of tincture of opium with one-quarter grain of

tartar emetic at late bedtime to promote sleep in his typhous patients with entire success, but many persons will not bear either the laudanum nor the tartar emetic, nor will the American stomach tolerate often what the Irish stomach can. Of course we can always force our patients to sleep with a hypodermic of one-quarter to one-half a grain of morphia, but we are then surely entailing on him a most destructive habit, and the dose itself in the weakened heart is dangerous. In many of these cases a good dose of tincture of digitalis alone, 30 to 60 drops, will conduce to the most refreshing sleep with entire safety. Stramonium, Indian hemp and belladonna all produce cerebral delirium, and the bromides are too debilitating to trust to night after night, even if we could await their action. Sulfonal and paraldehyde may or may not answer our purpose in such cases. Dr. Murchison has suggested three grains of camphor with one grain of opium. The hyosciamia hydrobromate often brings on the most refreshing sleep, but all these drugs, except digitalis, are narcotics and vascular excitants.

No one suffering from a paroxysm of asthma can sleep until the spasm is relaxed, and narcotics, if used at all here, must be in such doses as will leave the individual unfit for his business the next day. What better than to secure the hypnotic action by a drug which is free from all danger, and which, in whooping cough and asthma will afford perfect repose by its anti-spasmodic power over the irritable bronchial tubes? We have known asthmatics who had used stramonium leaves, tobacco and saltpetre inhalations for years until their brains had become muddled, as it were, from the absorption of their fumes, and who were put to sleep an hour after taking two or three doses of the syrup of hydriodic acid. It acts like a lullaby in children tormented by whooping cough. It is free from all possible danger, is prompt in its effect and after once realizing the relief obtainable from it the asthmatic feels that he has induced a friendly anchor nearby to which he can at

all times cling with confidence. We were once called to see a gentleman on a blustering September night (21st) at 1 A. M. Before reaching the room we recognized the asthmatic breathing through the open door and remarked, "Well, here is trouble ahead." Knowing the difficulty of affording comfort to asthmatics when the wind is dead east, and the likelihood of attacks just then, we found our patient sitting propped up in the bed, his eyes dilated, his shoulders raised and breathing almost in a whistle. We said: "My dear sir, you have a bad case of asthma, and this is the wind which brings it on." As soon as he could speak he replied, "Well, sir, if you know this soon what the trouble is maybe you can help me." We at once injected one-quarter grain of morphia into his shoulder, and in 20 minutes he was comfortable. He said he had never known such speedy relief, but that his wife had a syrup at home which she kept for just such attacks, but he had not thought to bring it with him, but that he had telegraphed her to come on and bring it at once. She came on, but only knew it had been prescribed by a French physician in New York and had always afforded relief. We at once telegraphed to the druggist the number of the prescription, and he replied by postal that it was:

R.—Syr. Hydriodic acid. . . . oz. ii  
Gardner's.

One teaspoonful every half hour until relieved.

This information we counted great gain, and such it has proven to be in many cases since of asthma and whooping cough, and we now have been using the same syrup ever since without disappointment.

Its action is similar to the alterative effect both of iodine and mercury without the irritation, the iodism or the salivation so apt to follow either of these drugs. In the above cited case the morphia was injected to relax the existing bronchial spasm, knowing that sleep must follow as soon as the lungs were full to aerate the blood kept venous by the bronchial spasm; then, too, the morphia aided in the pro-

ducing of sleep, but the main factor was the relief of spasm which simply permitted the exhausted patient to rest.

We have great dread of the hypodermic use of morphia, even with the present accurate triturate we use now, and experience and observation render us more chary of its use each year. It does for new-made graduates who usually carry a thermometer and a hypodermic syringe in their pockets, but after 20 years they learn to dread the syringe and to know pretty well the temperature from tact and from the increase of pulse. An old gentleman, asthmatic, manager of a large hotel in Baltimore, suffered since manhood from asthma spring and fall just at the time of the equinoctial storms. Every remedy in turn gave relief for a while. In one attack the usual drugs failed him, and the writer gave him 40 grains of kalium iodide for three doses. It was a serious case and required heroic doses. Nothing else relieved him so rapidly he said, and here the hydriodic acid was developed from the potassic iodide—no bad effects. We know persons who cannot tolerate any of the iodine salts, but who can take the syrup with impunity from iodism. The syrup is soonest eliminated through the kidneys after relaxing the spasm in asthma, and in this affection, as in whooping cough, it is prompt to relax, as is chloroform or tartar emetic, and leaves behind no prostration as do these drugs.

Some pathologists suppose asthma to be due to edematous swelling of the bronchial membrane, while others ascribe it to reflex spasm of the muscles of inspiration. In either event, like as we have stated our belief to be in the spasm of the involuntary muscles of the bronchi, the remedy lies in the syrup of hydriodic acid. It is an antispasmodic, and surely in the event of the other two theories of inflammation of the bronchiales or of swelling of the bronchial mucous membrane we require some drug which will soonest absorb the elements of that inflammatory swelling, and this syrup is the one which accomplishes this par

excellence. In hypertrophy of the heart and in cardio-plastic deposits we have a fine combination of digitalis with the hydriodic syrup, and in the gummy and other late manifestations of syphilis we may safely substitute this preparation for the iodine salts, and we may give it in free doses, supplementing our treatment with the inunction every second day with two drams of the blue ointment of mercury on the abdomen or on the inside of the thighs, alternating now and then so as not to cause irritation of the skin from the ointment. We have in fatty heart a fine agent with two or three drops of Fowler's solution, so praised in weak heart by Balfour. In the clearing up of inflammatory deposits, and indeed in the height of inflammations of asthenic nature, we have the effort of nature to rid the system of abnormal products, as tomaines, urates, uric and lactic acids, decomposed bile, exalates, dextrose and albumen, which so pervert the nervous mechanism as to benumb its power of action. We know nothing better than this syrup in decomposing and clearing out these poisoning elements from the circulatory system. It is a drug which has passed its period of probation, and, like a few other standard remedies, has passed into one of certainty. It is an active agent in increasing the activity of the organs whose duty it is to eliminate the effete materials of the blood and of the secretory glands and in removing the scrofulous elements which give rise to swellings and abscesses of the lymphatic glands. It has great effect in reducing inflammatory action in the various tissues of the

serous membranes, as in pleurisy, in meningitis, in peritonitis, hydrocele, pericarditis, hydrocephalus, in arthritic collections about the joints and in dissolving the uric acid crystals in gout, and the lactic acid deposits in chronic rheumatism, as well as in resolving the thyroid induration. Like iodine, from which it comes, the syrup is antiseptic, and does not lose its action from continued administration. In the clearing up of pneumonia, bronchitis, pleurisy and gout this syrup performs an excellent role, hastening the absorption of plastic material, and the same applies to the removals of indurations about boils, abscesses and carbuncles. This syrup as far excels the other iodine preparations as do the alkaloids, morphia and codeia excel the crude opium, and the profession is pretty well in accord now in preferring it to any form of iodine salts. In syphilis in the late forms it meets all the indications, and the patient soon learns to prefer it to the salty solutions of the antisyphilitic mixtures he has been forced to swallow. For a long time the iodides, preferably of sodium, because less irritating to the stomach, were the favorite antiasthmatic remedies, and even now the iodides of ammonium and sodium are favorites, but with all the iodides we get the hydriodic acid which is the active element of all the salts. We can certainly obtain all the benefits of iodine from a properly prepared syrup of hydriodic acid, and we have of late years pretty much discarded the iodine salts for the syrup, and the form we are best acquainted with is that known as "Gardner's Syrup of Hydriodic Acid."

#### IN THE CAROLINA PINES.

By J. R. CLAUSEN, A. M. M. D.

One deep inhalation, then exhalation; another, and it becomes pleasurable intoxication. How refreshing; how invigorating. One can almost feel the life-giving ozone coursing through his veins. Like thirsty

race-hounds the senses drink in the delightful surroundings—the beauty and fragrance of 7 o'clock in the morning in one of nature's beauty spots.

Like a milky way of diamonds the

dew-drops glisten on the Pine tops as the sun just rising above the hills paints them a golden glow, which as they wave in the fresh morning breeze, turn from gold to green, from green to purple, and back again to gold, like the shifting sheen of a changeable silk. Southern Pines is always delightful, but words cannot paint its delights as seen on nature's canvas at 7 o'clock in the morning.

If you are fond of contemplating the beauties of nature; if you want to have your soul inspired with gratitude to nature's God, take your place at my side, as standing on the broad porches of the Piney Woods Inn. I take my before-breakfast dose of the elixir of life, for such is the aromatic-laden air you breathe here, with its magic power to turn back the wheels of time and make you young again.

That the North has discovered this Mecca of health is evidenced in the many Northern people who are guests at the inn, for they are largely in the majority, and of this majority most are in search of health. In fact, Southern Pines, aside from what it owes to nature, is a bit of Northern enterprise dropped into the sleepy heart of this Southern forest of pines. This enterprise is seen in the pretty cottages that grow in number with every year, in the well-kept avenues and the thousand and one gildings on nature's gold that are intended to please the eye and cater to the comfort of creature man, but it is shown most of all in the Piney Woods Inn and its beautiful environment.

Were you here last year? If so your eye will note the improvements that have been made long before the carriage that conveys you from the station reaches the portals of the inn. Beautiful walks have been laid out, dainty, rustic bridges span inviting hollows and cooling hills. Pretty, rural-looking resting spots have been located on the edge of the lake that fronts the inn, and extensive additions have been made to the inn itself.

You have scarcely had time to note these changes before you are replying to the cordial greeting of Mr. Stryker, the genial chief clerk, and with shoulders unconsciously thrown back, endeavoring to keep pace with his military tread as he leads you to a cozy corner to rest a moment before being shown to your cheerful, airy, well-kept room, for all the rooms in the Piney Woods Inn are of this description.

Mr. Stryker has just finished telling you of improvements you have not yet seen, and of others in contemplation, when Mr. St. John, the able manager, enters the room, and to his cheerful greeting is soon added that of his amiable wife and pretty daughter Mary, the daily companion and pet of all the guests. Mr. St. John will tell you that the inn has been full all winter, and is now crowded with guests—a fact that is self-evident—but he will try to find a pleasant room for you and make you at home.

It is to Mr. St. John that the inn owes much of its popularity, and it is certainly to his able management that much of its success is due. To his naturally sunny disposition is added a tact but rarely possessed, for making his guests completely at home, and to this again is added an inexhaustible store of expedients for interesting them. His personal magnetism welds his guests together into one big family, over which he presides a model head.

Like the rooms and other appointments about the Inn, the cuisine and service is perfect, and when to the accompaniment of sweet music you sit down to the evening dinner you mentally add to your grateful thoughts at sunrise that there are few places on earth more delightful than Southern Pines at 7 o'clock in the evening.

Would you know the measure of health and pleasure that can be gathered from seven to seven again? Then visit Southern Pines and join the family at the Piney Woods Inn.

## Society Reports.

### NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY—MEETING OF APRIL 16, 1897.

#### THE NON-CUTTING, OR UNBLOODY OPERATION OF LORENZ FOR THE RE-POSITION OF CONGENITAL DISLOCATION OF THE HIP.

This paper, by Dr. G. R. Elliott, was chiefly a description of the different steps of the procedure, viz.: 1. The reduction, or bringing the head to the level of the acetabulum. 2. Re-position, or wedging the head into the acetabulum. 3. The formation of a solid acetabulum by manipulation and allowing the child to walk about with the thigh fixed by plaster of paris at about 90 degrees of abduction. The three steps of the operation were performed under chloroform on a patient, a boy 22 months old, by Dr. Elliott before the members of the section.

Dr. T. H. Myers reported the successful performance on a similar patient 3 1-2 years old, of Paci's method of manipulation, viz.: Forced extension, flexion and then strong traction downward. There were telescoping, lordosis and all the other signs of dislocation, and one-half inch of shortening. A good deal of force was used in order to cause inflammatory adhesion. The limb was immobilized at 30 degrees of abduction, the spica was changed several times in the following six months and the girl was then allowed to go about with a walking brace and a high shoe on the sound side. She walked with a splint walk when the apparatus was removed. The limbs remain at a nearly equal length.

Dr. W. R. Townsend said it would be a great advance if these cases could be cured without a cutting operation. In his experience and observation open methods had proved unsatisfactory. The patients continue to walk lame and dislocation is liable to recur. He thought the superiority of the new methods could not be taken for granted at once. He had treated one patient by the Paci method.

Dr. R. H. Sayre had seen but one patient in whom the hip could be distinctly reduced by Bigelow's manipulation, but he had not been allowed to operate. In this case it was necessary to abduct the limb much more than had been done in the patient treated this evening. He had not achieved brilliant success by operating. In one case after the child had been walking for six months an abscess developed in or near the joint.

Dr. R. Whitman had operated four times by Lorenz's method and had seen great advantage from the application of 25 or 30 pounds of traction for three weeks before the reduction. It facilitates bringing the head down to the level of the acetabulum, which at times requires a great deal of force.

Dr. H. L. Taylor also thought these patients should have extreme forcible traction before the operation, in order to overcome more thoroughly the muscular contraction. Operative treatment had not been so far very encouraging and he believed that this procedure held out a good prospect.

Dr. Whitman said that a point in its favor was that mothers would consent to it when they would not consent to a cutting operation. Moreover it did not confine the pa-

tient in a hospital or even in bed.

Dr. Elliott said Paci's and Lorenz's procedures were entirely distinct. Paci aimed to build up an arthrosis in the vicinity of the joint. Frequently the head did not pass into the acetabulum. His manipulations were first flexion to the physiological limit, then abduction, then lateral rotation and slow extension, then plaster of paris for three months and then careful walking with an apparatus. In this original procedure of Lorenz, however, if entrance of the head was not obtained he deemed the case a failure. It was this re-position plus loading the weight of the body on the bone which made the operation. The acetabulum was there, but rudimentary. The parts immediately began to develop when the bone was replaced. The presence of the bone stimulated the growth which had been absent. The force required in traction was sometimes very great.

#### ACHILLO-BURSTITIS ANTERIOR.

In a paper on this subject Dr. S. Lloyd stated that the affection was the result of traumatism from tight shoes, shoes wearing the heel, bicycle riding, jumping and fractures; or the result of septic, tubercular, gonorrheal or rheumatic infection. The symptoms were pain under the tendo Achillis on standing and walking and in the plantar region, swelling on the outer side of the tendon, hyperidrosis and extensive inflammation of the surrounding tissues. In the treatment cold

and warm baths, the application of tincture of iodine and mercurialunctions were useless. Traumatic cases required prolonged rest and pressure, and cases having their origin in infection should be treated by incision, curetting and drainage.

Dr. Whitman presented a case of this affection in a woman of 35 years, who was on her feet from 6 A. M. till 8 P. M. The symptoms, of one month's duration, had been pain in the heel and the metatarsal joints and on pressure of the os calcis. There was slight thickening. He said these cases often became chronic and acquired weakness of the arch, or flat foot. Rest should be enforced. Acute cases required a plaster of paris bandage and chronic ones a brace to arrest the function of the joint.

Dr. Sayre had seen cases among athletes, especially hurdle racers, who in making a leap landed on their toes.

Dr. Myers had personally suffered an attack of this kind after a long bicycle ride. He could only walk with ease by everting the foot. In plaster the foot should be placed at right angles to prevent the trouble from becoming chronic.

Dr. V. P. Gibney said that before the pathology was clear these cases used to be called rheumatism of the heel. The region of the tendo Achillis had not been clinically explored. A counterpart is found in the advance in our knowledge which enables us to recognize scurvy in the swelling of joints in children who were called rheumatic.



## Editorial

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### THE FIFTIETH ANNIVERSARY OF THE FOUNDING OF THE AMERICAN MEDICAL ASSOCIATION.

Half a century has passed since a few medical men conceived the idea of founding a national association for the improvement of their profession in the United States, and called the first meeting here in Philadelphia. Now that association, grown to many hundred times its size in membership, meets to celebrate the acts of its fathers.

As one reflects upon the past history of this great national society, and remembers the changes that have been wrought in the progress of medicine during the last five decades, he is brought to realize what a power in the land is the unity of heart and purpose of a few men, determined to set agoing the wheels of science among their profession and band them with the ties of brotherly love.

Thus it is that we exist to-day as individual parts of one great body, each in his own distinctive element, meeting here from all parts of this broad land and preserving our entity by accepting the will of the majority in fraternal generosity.

Philadelphia is proud of the rec-

ord of this association, for although she must recognize that she is fast losing the fame of being the foremost medical city of America, she still rejoices that within her borders was formed the essence and life of American medicine as depicted through the American Medical Association.

We therefore cordially welcome the members of this association at this opportune time and open our doors of hospitality in this "City of Brotherly Love" on this memorable occasion. All that is medical here is also of historic value, and the association is invited to interest themselves in our renowned institutions, museums and hospitals.

Philadelphia is an ideal city for anniversary meetings of all kinds, for in this place was formed all that is dear to the heart of every true American, liberty, as well as the heart and life of a nation. Her walls and spires are veritable monuments of truth, faithfulness and trust, towering as beacons for the example of the nations of the earth. Her buildings have historic interest,

and her parks and drives have no parallel for beauty in any city.

The "Medical Times and Register" extends a hearty welcome to the association. We have no theatre tickets to distribute by way of adver-

tisement, as one of our worthy contemporaries, but we can invite you to the tallest building of the city, in which our office is situated, where you will receive courteous attention.

#### THE PUBLIC NEED OF A NATIONAL BOARD OF EXAMINERS TO REGULATE THE PRACTICE OF MEDICINE IN THE UNITED STATES.

The time has now come, in-deed has long been here, when medicine as practised in the United States should cease to be a source of ridicule to our foreign contemporaries. We do not wonder so much at this condition of affairs in other countries when so much ignorance of not only medical and scientific matters, but also general education exists among those—we will not call them "doctors"—who are allowed to practice on the public and take life in their hands.

The practice of medicine in those countries like England and Germany is controlled by more or less national law, the violation of which is punishable by fine or imprisonment. In America no law exists to protect the unwary citizen from being imposed upon by the pretentious quack or doctor with a purchased diploma, but who knows as little of the human mechanism with which he toys as an infant does of astronomy. To be sure some States have medical laws, such as they are, but even these do not compare with those of foreign countries, and in some States the laws are a veritable farce. What we need is a national board of control over the regulation of medical laws and the practice of this profession in this country, on the one hand to keep out dangerous ignorance and on the other to protect the laity from imposition and quackery.

Somehow there still remains much of the old superstition in the public mind which was rampant a century ago relative to medicine. It is pathetic to see well educated people who ignore the advice of really scientific men and hie themselves to the advertising charlatan and glory in

telling how "he cured (?) the malady without asking a question." This picture, as every physician knows, is reproduced daily. Poor, deluded fools. Did they but know that the essence of quackery lies in ignorance and the desire of the American people to be humbugged. "This is a free country," they say, "and we employ whom we choose." So they may, but is it right for our States to license persons for the practice of medicine who cannot pass a reputable medical college examination, and class them with other physicians of scientific attainment?

We acknowledge the free right of man in this free country of ours, but contend that when free right is exercised by an individual in the practice of medicine, of which he knows practically nothing, it is at the expense of public welfare, and forms a dangerous kind of safety. It should then be regulated by good and sufficient laws under civil service supervision.

Neither is the regulation of the practice of medicine all that might be accomplished for the public good. Many lives might be saved in a year by the proper regulation of the patent medicine trade. Dangerous and poisonous mixtures which are sold for cure-alls over the drug and dry-goods counters of our city stores, and those which are simply intended to humbug the people, the so-called "specifics," in which there is naught but a little alcohol and water, should be under the supervision of competent chemists, their contents subjected to analysis and registered, their claims stated and their formulae printed on the labels without favor. Then the purchaser might at least know something of the mixture he

puts in his stomach and trust to luck, if he wishes, for a cure.

What we need most at the present time is not a medical Cabinet officer, but a national board of supervision, whose duty may be to admit to the practice of medicine in the United States any graduate of a legally chartered medical college on furnish-

ing adequate evidence of scientific standing, either by recognized letters of degree or by examination, or both. This would do away with the now existing deviations in State laws and provide for elevation in the standing of the medical profession, and an obliteration of ignorance and quackery.

#### THE FEES OF MEDICAL MEN.

It still remains an interesting question why the fees of medical men are yet far below those of other professions, notably the law. A lawyer tries a case in a civil action and secures, let us say, a verdict for \$6000, which is immediately divided in two parts, the first withheld for himself. The doctor in the case, who, perhaps, saved the patient from an amputation, or even his life, after spending perchance many days in Court as a witness or expert, being battered about by the opposing counsel, is very fortunate if he secure three or four hundred dollars. As a matter of fact, in these cases the doctor is lucky if he receive any of his bill at all; quite certainly none, if on the losing side.

The fees of medical men are often very greatly exaggerated.

Some years ago the son of one of the best-known surgeons of New England informed the writer that the largest fee his father ever received from a single patient was \$500. Later, again, he had from the lips of probably the best-known and most eminent member of the profession in America that \$1000 was the largest fee he ever received.

It strikes one as most extraordinary how gullible even members of our own profession are on this matter of physicians' fees, as has lately been made evident in the columns of our celebrated exchange, a cautious and conservative journal, the London *Lancet*, from which we quote:

#### MEDICAL FEES IN AMERICA.

"Medical fees in America, taken all round, are higher than those in England. It has been computed that there are two or three consultants in

New York who make £20,000 a year, five or six who make £10,000, and several who make £5000 and upward. Locality has, of course, a great deal to do with the rate of fees, for a man who settles in the country naturally does not expect to have so large an income as one who takes a house in a rising town or in a large city. Fees in New York are somewhat higher than elsewhere in America. As a rule in that city a family attendant receives an amount varying from \$2 to \$5, i. e., from 8s. to £1, per visit, and the average fee of those whose practice lies wholly among the wealthy is from \$5 to \$10. Consultants' fees range from \$10 to \$25. Visits at a distance from home are at the rate of from \$10 to \$20 per hour, not including traveling expenses, and a fee of \$25 for the consultation itself. Fees for surgical operations run from \$100 into several thousands. In the lower district of New York a practitioner must be content with a fee of \$1 (i. e., 4s.) for a home consultation, and from \$1 to \$1.50 for a visit. In other large towns of America the ordinary fee for advice is from \$1 to \$2, and never less than \$0.50; for a visit the charge is from \$1 to \$5, and never less than \$1. Midwifery fees vary from \$10 to \$50. The fact must also be borne in mind that in the States a medical man rarely does his own dispensing, and the druggist charges for making up the requisite medicine a sum of at least \$0.50, so that in all cases advice and medicine will cost the patient at the lowest estimate \$1. In many of the smaller towns a physician is glad to give advice at his house for \$0.50 (i. e., 2s.) and to make a visit for \$1. Such an institution as the cash practice, where

advice and medicine may be had for 6d. or 4d., is absolutely unknown in America, and it may be asserted without fear of contradiction that the average income of a medical man there is higher than in England."

To a well-informed American practitioner the above can only strike him as a gross exaggeration.

"Medical fees in America," strictly speaking, are not higher than those of England; the doctor's servants' wages are higher, his driving and rent are easily twice as high.

Although the Medical Record, of New York, is responsible for the statement that "there are two or three consultants in New York who make £20,000 (\$100,000) per year, five or six who make £10,000 (\$50,000) and several who make £5000 (\$25,000) and upward," we have no proof that we ever had one practi-

tioner who ever made £10,000 (\$50,000) in any one year. If there have been such, who were they? We have no income tax here, hence must be guided in our estimates by comparisons.

The fees in New York City in some classes of practice are higher than elsewhere in America, but in some districts they can scarcely be lower.

In many sections of the Southern and Western States no more than one shilling (25 cents) a visit, with medicine, is paid. It has now become quite a general habit among all classes of physicians here to carry and dispense their own medicines in tablet and tabloid form, and this is always included with the visits. That medical men in America are united is unhappily but a phantom, for there is anything but union among us here.

## Book Reviews.

**MANUAL OF STATIC ELECTRICITY IN X-RAY AND THERAPEUTIC USES.** By S. H. Monnell, M. D. Brooklyn, N. Y. Published by William Beverley Harrison, 5 West Eighteenth street, New York City. 613 pp.

Of the new books in medicine appearing this year this volume seems to us to be the most useful from a therapeutic standpoint, inasmuch as it deals with a subject but little studied as yet by the profession at large. Dr. Monnell has undertaken this work with an idea of furnishing to the active practitioner that knowledge of static electricity which has so far been in the possession of but few who made it a special work. As we advance in therapeutic knowledge it appears that electricity is bound to take a far more reaching position in clinical medicine than at

present, and we say this without hesitation because of the advancement already made along this line. The time will come, we fearlessly predict, when the physician who expects to do any business must have in his office all the paraphernalia required to treat any disease by electricity. It behooves, therefore, every practitioner to begin early and get an insight to the subject before the latter is so far advanced as to render it impossible for him to overtake the details.

Dr. Monnell, whose excellent writings are familiar to the readers of the "Times and Register," begins his book with a description of the Holtz apparatus, following it with a statement of collected opinions as to the value of static electricity in medicine. Chapter III deals with the care of the Holtz machine—a val-

uable point in any work of this kind. Then follows the therapeutic methods of application in specific details.

Chapter VII contains descriptions of X-ray apparatus and static methods; Chapter VIII, X-ray and Crookes tubes. Then follows the three best methods of operating static tubes with the large Holtz machine, X-ray photography and X-ray effects in general, with electrophysiology and the therapeutic effects of static electricity.

Chapter XIV begins the consideration of electrical application to the various diseases, rheumatic, nervous and hysterical neuroses, with considerations of special conditions, including gynecological.

Part two is devoted to a historical sketch of the advancement of electricity from the eighteenth century, with numerous accounts of the early Franklin days of electrical experiments, many of which are both instructive and amusing. Then follows various reports from eminent medical gentlemen on the results of static electricity.

We understand from the publishers that there is already a great demand for this book, and we can easily see how this is probable, for the work is one of great value and should stand out prominent as one of the great additions to medical and therapeutical literature of the day.

F. S. P.

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**TWENTIETH CENTURY PRACTICE.** Edited by Thomas I. Stedman, M. D. New York. Published by William Wood & Co., New York. Vol. IX.

This volume of the "Twentieth Century Practice" continues the eighth in treating of diseases of the digestive organs. It begins with a consideration of the local diseases of the mouth by Johann Mikulicz and Werner Kummel, of Breslau. The minor diseases are first taken up; then follows a very complete analysis of the various tumors with numerous illustrative plates.

The next chapter embraces the diseases of the intestines, excluding infectious diseases, parasites and hernia. This chapter is written by

C. A. Ewald, of Berlin. It opens with consideration of the general therapy of intestinal diseases; then takes up methods of examination, etc., and plunges at once into catarrh of the intestines, giving in the therapy of this condition all the new methods of treatment recently brought out by the German schools. "Intestinal Ulcers" come next, with a medical consideration of appendicitis, which will be appreciated by every active practitioner. "Carcinoma of the Intestine" is next in order, and following it is "Habitual Constipation," "Intestinal Obstruction," including "Internal Incarceration, Volvulus and Intussusception." "Hemorrhoids and Neuroses of the Intestine" then come in for consideration in well written articles.

The subject of "Hernia" is the burden of the next chapter, by Drs. Virgil P. Gibney and John H. Walker, of New York. Numerous illustrations are added to the subject matter to show the effects of hernias of all descriptions. Treatment is considered, both the palliative and operative being discussed.

"Diseases of the Spleen" is considered by Dr. Alfred Stengel, of Philadelphia, in a short chapter.

"Diseases of the Liver" is the subject of the next chapter, by Mariano Semmola and Carlo Gioffredi, of Naples, and comprises some 325 pages of the book. This article is alone worth the cost of the whole volume, being very complete and dwelling upon minute details of the various diseases of the liver in their pathology, symptomatology and treatment.

"The Diseases of the Gall Bladder" is assigned to the ready pen of Dr. John B. Murphy, of Chicago, and "Movable Kidney" to Dr. Kendall Frank, of Johannesburg, S. A. Republic, which form the closing chapters of this volume.

As a whole this volume forms a valuable addition to those preceding it, and the subscribers to this set of books must realize that every effort is being put forward by the house of Wood to furnish the medical profession with a work unsurpassed by any in the present decade.

## --- Electro-Therapeutics ---

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Clinical Electro-Therapeutics.

### EXPERIMENTAL X-RAY WORK. HOW TO GET THROUGH HIGH VACUUM TUBES.

By S. H. Monell, M. D.

One of the features of the month of May has been a somewhat surprising interest in X-ray work, which is perhaps accounted for by the fact that large numbers of physicians who have remained indifferent for more than a year are now appreciating the practical importance of the subject. Quite a number of medical journals have published contributions showing that by the aid of the Crookes tube some of the accepted teachings of the past must be revised.

In stating his "observations on Colles' fracture by the aid of the X ray," Dr. Corson concludes that there will have to be a new treatise on fractures and dislocations based on the revelations of X ray eyesight and photography. A leading technical journal devotes nine full columns of its space this week to a single

ceeded in establishing a standard tube for the best X ray work.

Heat has usually been applied to the tube when the resistance has become too high. The upward tendency of the resistance is more rapid with coil and Leyden jar currents than with the static current direct from the prime conductors. The reason for this is obvious.

The tube can be carefully baked, either in a moderate oven with the door open or by placing it upon the usual shelf above the range, for fifteen or twenty minutes, and allowed to rest for several days. This sometimes gives a new lease of life to the tube.

The customary method consists in gently heating the tube with the flame of an alcohol lamp while attempting to get the current through it. The action of the heat sets in motion, probably, the collected ions which polarize the electrodes, besides expanding the gases of the vacuum. As, however, the current is got across the gap of high re-



article upon the action of rays on the skin, and in many directions there is evidence of new enthusiasts at work who are now going over the same ground with the same eagerness displayed by investigators of last year.

One of the most practical matters which can concern the operator is the question of getting a current through a tube when the resistance has become too high. We have long been able to increase the vacuum resistance satisfactorily when it has become considerably too low, provided the tube was correctly exhausted at the beginning. We have also suc-

cessed in the circuit, not by the conducting properties of the atoms filling the space, but by the operation of the law that opposite electricities attract each other, we have evidently a means of stimulating the jump of the current if we increase the attracting forces. Large magnets will attract more than small magnets, and we can apply the same law to the terminals of a Crookes tube.

I have long been accustomed to assist the attraction of the current across the high resisting space by holding the palm of my hand over the bulb between the cathode and

the reflector. Observing the good effect of this and reasoning out the philosophy of its action, I have experimented with better conductors than the hand. While testing different methods I received a suggestion from Mr. Osterberg, the well-known electrical engineer, who had previously been making similar experiments for a different purpose. The philosophy of the whole matter is now clear, and its practical utility is a decided assistance to the further use of a high vacuum tube before sending it to the maker to be exhausted again.

The current from the opposite polarities is conducted up to the break in the circuit by fine wires, which may be compared to very small electrical magnets. If we heat the tube we reduce the resistance a trifle, but we do little to increase the lines of attracting force. If, however, we multiply these lines several hundred fold by wrapping a layer of tinfoil around the terminals of the tube, beginning at the wires and extending over the arms of the tube until they begin to expand into the central bulb, we find, on starting the current into action, that the attraction of the opposite polarities is now sufficiently great to break down the barrier and establish the desired circuit. This method is much more effective than heat, but when the resistance gets beyond the capacity of these maximum attracting forces we can again resort to heat as an auxiliary aid. Finally, when the process becomes difficult and the result unsatisfactory the tube can be exhausted again.

Despite the great amount of freshly-awakened interest in all phases of the subject the chief advance which is now taking place consists in spreading the already known facts before the general body of the profession. Things which were demonstrated six months and even a year ago are still new to thousands of physicians.

The matter of so-called X ray burns, which was long ago relegated to the limbo of the earlier, low efficiency, and discarded apparatus, has been brought out again and

freshly discussed. Professor Elihu Thomson, about two months ago, set out to give himself an X-ray burn. He put his finger within five-eighths of an inch of a tube prepared expressly to permit this close range. The above distance refers to the space between the operator's finger and the bombarded spot on the platinum anode, and does not mean five-eighths of an inch from the tube wall, which is often two or more inches from the point of bombardment. Over a portion of his finger he placed a layer of tinfoil, and at this extraordinarily small distance exposed the bare skin and the part covered with tinfoil to a powerful coil current for a length of time which Professor Thomson estimates would equal two entire days and nights—fifty hours—at ten inches from the tube, according to the law governing X ray intensity.

Now, anyone who holds a layer of tinfoil against the fluoroscope will see that it is penetrated by X rays about as easily as thin board. The rays get through it with scarcely a shadow; therefore the X rays reached the part of his finger which was covered by tinfoil. Under the tinfoil strip there was no action upon the skin, but on the rest of the skin a little dermatitis manifested itself on the ninth day. If this experiment does not demonstrate the fact that X rays do not burn it is difficult to see how any fact can be conclusively demonstrated.

When the matter was first prominently discussed last year, I at once took the ground demonstrated by Thomson's experiment and by the lessons of all electro-therapeutic experience. The action upon the skin is so completely limited to the direct action of the electrical current, or rays of radiant heat which are wholly distinct from X rays, that dermatitis has been avoided the world over by simply keeping out of the range of these short rays while the X rays which penetrate far beyond them, even permitting photographs forty and fifty feet from the tube, have been employed with absolute impunity. He who cannot see, from mere clinical experience with X rays, that the alarm about them is

utterly needless can hardly see any palpable fact.

A full discussion of the subject is contained in my "Manual of Static Electricity in X-Ray and Therapeutic Uses," recently published, which includes also all operative directions.

One interesting contribution has been made in France upon the action on the pulse of the electrical currents associated with Crookes tube, although in common with other workers, the investigator, M. Destot, reports them as the influence of X rays. Sphygmographic tracings were obtained while the patient was subjected to both coil and static currents. With the static current the pulse almost immediately regained its usual rythm, showing that no lasting disturbance was produced, a fact which I have always claimed to be true.

With the coil current it was not the same. The pulse not only lost

its normal dirotism, but very soon a true polycrotism supervened. At the end of half an hour intermissions occurred, and if the experiments were prolonged arhythmia was produced, with abortive pulsations. These results were persistent, and they could still be recognized half an hour after the cessation of the action of the tube.

In closing these remarks it may gratify readers to learn that satisfactory tubes for use with the static machine may now be obtained, as the makers have succeeded in carrying out my suggestions. I have personally tested forty of these tubes during a recent period, and have found that about ninety per cent. of them passed satisfactory tests. As they are guaranteed by the makers there is no longer any risk of wasting money upon tubes that will not work in the hands of any operator with reasonable experience.

## Clinical Medicine.

In charge of DR. J. J. MORRISSEY.

### SENILE AND ALCOHOLIC PNEUMONIA.

In a former article in this journal special stress was laid upon the fact that each case of pneumonia should be individualized (vide Hyperpyrexia in Pneumonia, April 17, 1897), for there are certain constitutional limitations which circumscribe each patient, and which should always be considered by the careful and conservative physician. Types of pneumonia vary with the habits, environment, age and diathesis of the individual, as well as the epidemic influences, which may be prevalent. The disease manifestations certainly are not the same when they follow a severe chill in a person exhausted by exercise or overwork, whether the latter be of a physical or intellec-

tual character, as when they occur in the aged, whose general vitality is markedly impaired by the encroachment of advancing years. The type of pneumonia found in the latter, and which the writer has named the "degenerative," pursues its course oftentimes unknown to the physician, as there are but few physical signs to indicate its presence. In the mature adult, on the other hand, it advances with rapid strides; there is not only involvement of the lung tissue, but the entire system seems permeated with the pneumonic poison.

Each case then presents certain peculiarities which must be taken into consideration in developing our

prognosis and be carefully balanced in arriving at a true estimate of the type and character of the attack that confronts us. The physician who enters upon the treatment of pneumonia with a preconceived idea and makes it applicable to every case is committing an unpardonable blunder, for it should ever be remembered that it is the patient and not the disease who demands attention.

It certainly would be unjustifiable to treat croupous or lobar pneumonia pursuing the even tenor of its course with the same method that would be adopted in the treatment of marked engorgement of the lungs without actual consolidation, a condition to which Sir Andrew Clarke gave the name of "soaked" lung, or to treat either as we would the broncho-pneumonia of the infant or the aged. In the second form particularly marked asthenia is present, and all lowering medicines are to be strongly deprecated. Stimulation should be the keynote in these cases, and as the "soaked" lung is very apt to be found in old people, in whom the eliminative processes are greatly lessened, any interference with their action by the administration of opium will greatly diminish the chances of ultimate recovery.

Pneumonia of the apex unquestionably possesses a certain type not generally found where the bases of the lungs are involved. Delirium is its marked characteristic and frequently discloses itself for some days prior to the discovery of the consolidation, as was noted in the case referred to in the paper on "Hyperpyrexia." Sometimes the delirium ceases on the occurrence of the local manifestations, and again it appears to be intensified.

How markedly different, too is the character of the expectoration in what appears to be the same type of disease in different individuals. It certainly does not always accord with what is to be found in the text books. Rusty sputa, for example, are not always to be regarded as evidencing an intensified attack, and if the expectoration is now and then streaked with blood it does not constitute an unfavorable element in

the prognosis, while in many cases especially in the young and aged, and those afflicted with rheumatism, there may be an entire absence of expectoration.

Where the prune-juice sputa are present and the other symptoms unfavorable it is a bad omen, for it indicates a low type of pneumonia, demanding increased stimulation. The question of temperature we have dealt with in a former article, and to those who regard a thermometric curve of 103 as particularly favorable we would direct their attention to the rate of mortality furnished.

The more simple and uncomplicated the treatment the better will be our results.

As an illustration of the varying types of pneumonia I present two cases, one occurring in a well-preserved man 78 years old, and the other in a brewery laborer 35 years of age:

T. G., 78 years old, a man of abstemious habits, excellent constitution and regular mode of living, complained to his daughter that his "head was not quite right" and questioned her persistently as to the existence of a conspiracy instituted for the purpose of defrauding him of certain rights which he held in some property in an adjoining town. I was summoned to see him two days afterward, and found his temperature, respiration and pulse normal. I examined, as I make it an invariable rule to do in aged people, the thorax, but the results of the examination were negative, though I held in abeyance the onset of a latent pneumonia, and so informed those interested. Despite treatment the head symptoms grew worse, and on the fourth day I noticed the countenance presenting the physiognomy of pneumonic infiltration. The right cheek was flushed, the eyes brilliant, the respiration increased, the pulse normal. Physical examination demonstrated the presence of the disease at the apex of the right lung. There was no cough, no expectoration; consciousness was clear, and he appeared to thoroughly realize his condition. The "conspiracy" idea vanished with the development

of the pneumonia. An unfavorable prognosis was given, and, on consultation with Dr. Van Santvoord, was confirmed. Medication consisted in the free administration of alcohol, which at first was most resolutely rejected, and strychnine. Despite our best efforts our patient rapidly succumbed and died within 72 hours of the attack, maintaining his conscious condition to within two hours of death.

Loomis gives the mortality rate in pneumonia of old age, of those over 60 years, as being about 80 per cent., and claims it to be in our climate the most fatal inflammatory disease of the respiratory organs. It may be extremely latent in its course, or follow a severe chill; in fact, with the occurrence of a chill in old people pneumonia almost invariably follows. There may be nothing in the pulse, respiration or temperature to indicate its presence, but the patient always complains of a feeling of exhaustion. In taking the temperature in these cases the thermometer should be inserted into the rectum, for, as Charcot has pointed out, in the aged there is very often a marked discrepancy between axillary and rectal thermometry, the latter alone showing the true heat of the internal viscera. On account of the arterial changes in old age it is best to count the pulse at the heart.

The second case was that of P. M., a brewery laborer, 35 years of age, who, not satisfied with the daily amount of beer allowed, also indulged in whiskey to the amount of 10 to 15 glasses a day. When I saw him on the third day of his confinement to the house, and the first in bed, I found consolidation over the apex of the right lung, with a temperature of 104 and a pulse of 100. The respirations were about 35, the mental faculties clear. He was still indulging in his daily amount of whisky, and, despite the fact that he had been drinking it for years, he had never been "dead" drunk, as he expressed it, nor ever

had delirium tremens. The latter fact can be accounted for by the fact that he was one of the best workingmen in the establishment, and, as the work was of a heavy character, his skin was in a constant state of perspiration. His liver is large and tender; his urine presented but a trace of albumen, no casts, and a high specific gravity. I immediately cut down the allowance of whiskey to half an ounce every two hours and without further interference defervescence took place on the seventh day. Now and then during the attack he was delirious, but could be easily aroused. This attack, it may be mentioned in passing, was his third. On the evening of the day upon which the crisis took place I was called to see him about 10 o'clock and found him eager to get out of bed, remonstrating with his attendants and threatening dire calamity if his wishes were not acceded to. I succeeded in quieting him for the time being, and to anticipate further delirium prescribed 30 grains of bromide and 20 grains chloral every two hours if necessary. The man had an unmistakable attack of delirium tremens. The bromide and chloral had no effect upon him until the next morning, and it required the best efforts of three men to keep him in the house. For two days this condition of affairs partially continued, but not in the intensified form of the original attack. He entirely recovered after a few doses of strychnine.

The interesting item to be noticed in the case of the old man was the premonitory depression clearing up to a marked extent on the development of the pneumonia, and in the second case the sequence of delirium tremens following the defervescence of the disease. In these cases of alcoholic pneumonia strychnine in good doses will be found to be of great utility, and appears to be more strikingly indicated in men of alcoholic habits than in the non-alcoholic.

## Russian and German

Translated by DR. A. D. DAVIDOW.

We have received the first two numbers of the second volume of the "Russian Archives of Pathology, Clinical Medicine and Bacteriology," edited by Professor V. V. Podwysotsky, of Kieff, and published by the Ricker Publishing House, at St. Petersburg.

We notice that the value of this periodical became largely extended by the additional department for "Scientific Chronicles and Miscellanies" and a separate addenda of "Yearly Reviews." These at the end of the year will form a special volume of the fiscal progress of medicine and surgery, which will largely benefit the provincial general practitioners.

The original contributions are of a very high character, and the other departments correspondingly useful.

We congratulate the editor and publisher upon the good success of this valuable addition to the medical literature of the world.

A. D. D.

### I. TARCHANOW—THE PHYSIOLOGICAL ACTION OF THE ROENTGEN RAYS ON THE CENTRAL NERVOUS SYSTEM. Bolnitschnaia Gaseta Botkina, No. 33-34.

Author conducted his most interesting experiments at the Laboratory of the Academy of Sciences. He placed the vacuum tube in a vertical position with the fluorescent base downward, and fastened it 5-6 cm. away from a wooden box, in which the animals to be experimented upon were placed. By that means he avoided the light action, the warm rays and the weak electric knocks. The dimensions of the wooden boxes were designedly small (10 cm. long, 5 cm. high), so that the animals be at all times exposed to the X-rays. A "control" animal was placed in a similar box and was

protected from the action of the X-rays by a lead-covered screen.

The question whether the X-rays influence the voluntary and reflexive movements proved itself, for after operation in one-quarter hour the frog became quieter, which fact author wishes to ascribe to the moderate influence on the motor centres. Evidently the X-rays also on the reflector activity of decapitated frogs, as it proved itself by the distinct diminution of the "acid-reflex" (Turk). The strength of the sedative action of the rays grows proportionately to the activity and the exposure of the spinal cord to the rays. When the spinal cord was laid open the action was stronger for the same reason. Besides it can be shown that the irritability of the sensors of the skin does not lessen by the X-rays.

Author then endeavored to reply to the outcoming question, whether the action of strychnia can be lessened by the X-rays. He took two frogs, injected in both strychnin (a. 0.04 mgm.) and were placed, as stated above, one to the action of the rays, while the other guarded against it, and found that in most cases those of the first kind (exposed to the rays) there was only a slight elevation of the reflexes, while when taken out from the box after one-third of an hour were found absolutely normal. Those not exposed were found laying in a tonic spasm. The action of the strychnia can be still more lessened when one-half hour prior to the injection the animal should be exposed to the X-rays.

Author established another interesting fact, namely, that after half hour's exposure to the rays the skin of the animal, when placed in water, turns dark, while the "control" animals remain light.

From the above experiments it proves that Roentgen rays affect the centres of the cerebro-spinal system.

On what the action depends, or what its therapeutic value may be remains for further study to establish.

**D. KAMENSKY ON THE MECHANICAL ACTION OF DIGITALIN IN THE RYTHM OF THE HEART CONTRACTIONS OF THE WARM-BLOODED ANIMALS.** *Wratch*, No. 47, 1896.

It is known to us that the innervation of the heart and the physiological meaning of this organ in the frog and the warm-blooded animals in general are the same; it hence should be expected that the action of pharmaceutical agents, such as digitalin, on both varieties would be the same. This in fact is observed, so long as the general action of the drug is concerned. The identity, however, disappears when the singularities of poisoning are observed. In the action of digitalin we distinguish four stages: 1. The pulse becomes slow, owing to the irritation of the inhibitory apparatus. 2. Paralysis of the vagus films—the accelerated pulse suddenly falls down. 3. The heart rhythm stops—the action of the digitalin on the heart muscle itself. The experiments of the author with digitalin vera on dogs with vertebra dissected away proved: The slow pulse in the first stadium comes to a standstill in two ways, at first principally by prolonging the diastole, diastolic slowing; thereupon the prolonging of the systolic contraction—systolic slowness. The digitalin has no action on the vagus centre. Concerning the ultimate films of the vagus the diastolic slowness can be ascribed only to an irritation of the same, while the systolic depends on the specific action of the digitalin on the heart muscle. The pulse acceleration in the second stadium rests on the dependence of the heart with the “pulse acceleration centre.” In dissected spinal cord the digitalin given, even poisonous doses, does not accelerate. The stasis of the heart in the third stadium begins with the systole or hemi-systole.

**L. KOTSCHOROWSKY.—THE IODINE TREATMENT OF GASTRO-INTESTINAL DISEASE.** *Ibid* No. 18, 20, 44 and 46.

The antiseptic quality of iodine is known for a long time and was employed in gastro-intestinal disease, especially in typhoid fever, and as a disinfectant it gave good results to numerous physicians. As the watery solution of iodine administered becomes entirely absorbed in the abdomen, it does not correspond to the demand which we are accustomed to utilize as a good antiseptic. Hence to improve the effect it is necessary to administer this therapeutic in another form.

Dr. Ewsenko was the first one to administer iodine in *ol. ricini*, or as *amylum iodatum*. The iodine, in this form, unquestionably passes the entire elementary canal, and as an antiseptic it then acts *par excellence*. At any rate the iodine forms less poisonous combinations probably with the ptomaines, as well as with the insoluble alkaloids as when even soluble (in alkalies).

Basing on the experience of these years, author recommends the following treatment in typhoid fever: Enema of *dec. amyli* with addition of *trae iodi* 10.0 and *ol. cinnamomi* gtt. 25. Internally the patients received *iodamylum* 0.6 (*amylum iodatum*, *ioduretum amyli* or *iodum cum amylo* after the Russian pharmacopoea) four times daily.

From the onset of the disease to the fourth day this treatment has a checking effect. From the second week of the disease the treatment has no power of checking, but renders the course much more favorable. The pulse becomes slower, harder and fuller; the tongue gets clearer, becomes moist and rose color, never fuliginous or dry; the excreta becomes at once of normal odor and appearance, and the appetite improved. The treatment has no influence on the temperature. The disease is shortened and ends when in mild form on the fifth or sixth day, and when serious on the eleventh or twelfth day of the disease. Relapses were not noticed.

In dysentery (100 cases), cholera *mostra et asiatica* (few cases) author

obtained the best results with the iodine treatment.

**ROSE.—A NEW METHOD FOR OBTAINING URINE FROM A SINGLE KIDNEY.** *Centralblatt. f. Gynakologie*, 2, 6, '97.

In order to obtain the urine from a single kidney, which is often of great importance diagnostically, different methods have been proposed. Pressure upon one ureter, bi-manually or through the vagina, or by means of a special clamp, an uncertain procedure. Hegar proposed to cut down upon the ureter through the vagina and stop for a time its flow of urine. It is certain, but in itself an operation. At times it is possible to determine that the urine from one ureter contains pus or blood, while from the other clean; at times it is with difficulty and in the most favorable cases no information is gained as to the chemic or microscopic condition of the urine. Nitze and Kelly's catheterization requires considerable practice, costly apparatus, and frequently the unpleasant dilatation of the ureter. Author's procedure is based on the fact that the bladder of a woman in the knee-chest position, or with the pelvis elevated in the dorsal position, if a speculum be introduced through the urethra, will distend with air. Through the speculum it is possible to see by direct or reflected light the openings of the ureters, and if the speculum is cut obliquely it may be clamped over one ureter, while the urine from the other ureter flows down over the posterior bladder wall toward the umbilicus. When sufficient urine for examination has collected in the speculum it can be withdrawn and cleansed, the bladder irrigated, emptied and again distended with air, and the speculum placed over the mouth of the ureter of the opposite side. Cocaine can be used in cases of extreme sensitiveness. The urethra is not dilated, hence a resulting incontinence of urine is not to be feared.

**ARTHUR KLEIN.—FIBRINURIA.** *Wien Klin., Wochenschr.*, 7, 30, '96.

Author reports a case in which

fibrenous clots were passed and analyzes the previously recorded cases (four in number) in which it occurred. The patient was a man 52 years old; ailed for 15 months with cough, headache and dyspnea on exertion; later swelling of the extremities and rigors. Examination with diagnosis of Bright's disease. Urine acid, sp. gr. 1013; large quantity of albumen with numerous hyaline and epithelial casts. The treatment consisted in hot baths and milk diet. The patient improving, the odema almost completely disappearing. Ten days after admission it was noticed that the urine, which was slightly alkaline, contained a large number of grayish-white clots, some rounded and others flat, and varying in length from half an inch to four inches, some as thick as two inches. If allowed to stand these settled to the bottom, and the urine above sometimes showed further peculiar phenomena in the shape of fine shreds, which formed a network extending through the fluid. On shaking this became detached from the sides of the vessel, and formed a well-marked clot. The urine had thus clotted just like a serious fluid. The amount of the deposit remained constant except just before a rigor, when it diminished, to return to its former amount with the subsidence of temperature. If the sediment were allowed to remain in the urine for a few hours it disappeared entirely, probably by a sort of process of self-digestion. Chemical examination proved the clot to be composed entirely of fibrin. The urine from which it was deposited showed (as compared with that at other times) alkalinity, much diminished, in solid contents, an especially minute amount in phosphates, but an enormous quantity of albumen. There could be no doubt as to the renal origin of the fibrin, but it was very hard to define its pathological cause—evidences of nephrolithiasis, kidney abscess, etc.—which had been present in former cases were here wanting, nor did hematuria ever appear. Author attributes the coagulation to the alkaline reaction, the abundance of albumen and the want of phosphates. No doubt it

bore some relation to the sudden rigor and rises of temperature. Patient died; the kidneys were found in amyloid degeneration; their tubules contained hyaline masses and threads giving Weigert's reaction for fibrine. Author appends the notes of analyses of two other kinds of clots. The one was found in the urine in a case of cystitis. It consisted of a nuclealbumin inclosed in a capsule of mucin. The other was a cast from a patient suffering from plastic bronchitis, and this failed to give the fibrin reaction either in bulk or in section. It consisted of mucin and contained large quantities of diplococci.

**NEISSER.—THE ABILITY OF BACTERIA TO PASS THROUGH INTESTINAL MUCOUS MEMBRANE.** Centralbl. f. innere Med., No. 50, '96.

The question of permeability of the intestinal canal for different kinds of micro-organisms has been revived by the investigations of French authors, who claim to have found bacteria in great quantities. Author claims that the chyle under ordinary circumstances is free from bacteria, and though not possessing germicidal properties, he did not find any bacteria in the lymph glands or blood vessels associated with the intestines, and so concluded that the intestinal wall was not pervious to them. The question is not entirely settled, for there seem to be circumstances under which bac-

teria in the intestine are able of starting up a general infection, while under other circumstances countless germs of a highly pathogenic character may remain for days in the intestines without setting up infection.

**VARNALI.—AN AFEBRILE CASE OF SCARLETINA WITH DIPHTHERIA.** Archiv f. Kinderheilkunde. Vol. XXI, p. 358.

V. reported a case of a strong, well-developed boy, 3 1-2 years old, without hereditary predisposition, who was seized with a mild attack of scarlet fever. Two days later a small patch of pseudo-membrane was observed upon the left tonsil and the adjacent submaxillary and cervical glands became enlarged. The child was somewhat somnolent and without appetite. The temperature was normal and remained so throughout the whole course of the illness, except on the day toward the close of the attack, when in conjunction with constipation it rose to 100.4 degrees F., to decline again after the action of a dose of calomel. The false membrane extended to the soft palate, the uvula, the pharynx and finally to the nares. On the fifth day the child was convalescent, although the membrane in the throat did not disappear entirely until a few days after. In the course of another week desquamation had taken place, while edema of the eyelids set in and albumen appeared in the urine.

<p><b>COCAINE</b></p> <p>C.P. ANHYDROUS CRYSTALS.</p> <p>STANDARD OF PURITY</p> <p>THE WORLD OVER.</p>		<p><b>MURIATE</b></p> <p>BOEHRINGER-B&amp;S.</p> <p>DISPENSED BY</p> <p>ALL DRUGGISTS</p>
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## Current Medical Literature.

### A FEW INSTANCES OF THE USE OF PROTONUCLEIN IN CON- TAGIOUS AND NON-CON- TAGIOUS DISEASES.

BY WESLEY G. BAILEY, M. D.,  
PEKIN, ILL.

Abstract from the Journal of the  
American Medical Association, April 3,  
1897.

This comparatively new substance has played an important role in the armamentarium of the up-to-date physician for at least eighteen months or two years. These two years have conclusively proved that protonuclein has come to stay, as its action is not ephemeral; for certain diseases are not the terrors, either to the minds of the laity or profession since its introduction. To be practical, it is necessary or usual to illustrate one's points by the citation of cases. We will present a few for your consideration:

Case 1.—Female, aged 5, presented every feature of the clinical aspects of true laryngeal diphtheria (Klebs-Loeffler), which was proven by microscopic diagnosis. This child had been ill three or four days before the physician was summoned; that foul odor so characteristic of the disease permeated the atmosphere of the whole house. Little did the writer think that this child's life could be saved, so livid were the lips, swollen the neck and stertorous the breathing. The vigorous use locally of the protonuclein special powder was immediately ordered every half hour; previous to the local use of protonuclein, this little patient could not swallow anything, was fast becoming comatose, and was with difficulty aroused sufficiently to allow the perfect administration of the remedies. After several insufflations of the powder, and during a violent coughing spell, immense pieces of false membrane were thrown out. At this time the internal use of the

three-grain tablets every three hours was commenced. From this time on our patient made a rapid, uneventful recovery.

Case 2.—Female, aged 24, multipara. This case also gave every indication of true Klebs-Loeffler diphtheria, tonsillar and pharyngeal (diagnosis confirmed by culture and microscope). This patient also had chronic Bright's disease, from which she suffered periodically with general oedema, etc. Several months previous to the attack of diphtheria, she had suffered as mentioned, and was placed upon the three-grain protonuclein tablets for three or four months, which was considerable time after the general dropsy had ceased. This patient now thought herself nearly well, and discontinued the use of the tablets as above, when she was suddenly stricken with diphtheria; this was several weeks after the discontinuance of the protonuclein tablets. Strange to say, this case, though an adult, was nearly asphyxiated on account of the turgid mucous membrane; just at this time we were summoned in haste. Protonuclein again scored a signal victory, after thorough and vigorous use locally and internally. Though on any treatment such a patient could scarcely be strong and well again, yet inside of two weeks our patient was up and attending to light household duties. In this family were two small children, aged respectively 21-2 and 4, who were constantly about the room and even slept in the same bed with their mother (the diphtheria case), both before and after the diagnosis was made. We immediately administered to each child a three-grain tablet of protonuclein every three hours, and they did not contract the disease.

Case 3.—Klebs-Loeffler diphtheria (microscopic diagnosis); male, aged

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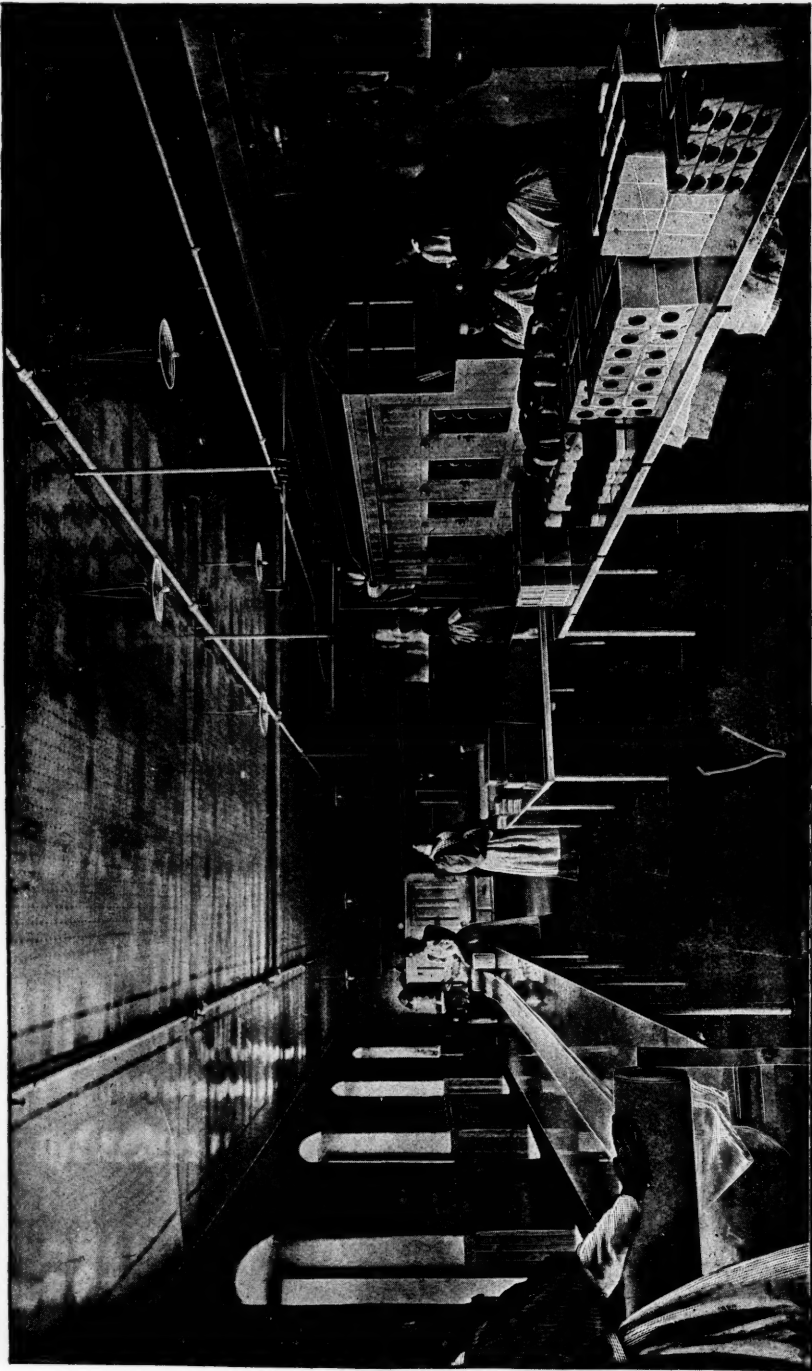
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(SEE NEXT PAGE)



The Antiseptic and Ligature Room of the  
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(SEE OTHER SIDE.)

23. This was a mild case, and under the control of the special powder locally and three-grain tablets internally, made a complete recovery in eight days.

Case 4.—*Streptococcus diphtheria* (diagnosis by microscope); male, aged 7. This child has had since its second year similar attacks two or three times yearly. After a thorough application of the special powder locally and three-grain tablets internally, we recorded a "good recovery," and now, though two years have elapsed since, there has been no return of the disease.

Case 5.—Female, aged 33, primipara, has usually had from one to two attacks of *streptococcus diphtheria* yearly for a number of years, until the last invasion of nearly two years since; was treated the same as Case 4.

Many more cases of both varieties of diphtheria could be cited, but these given are sufficient to explain our procedures. The beauty and immense value of the above methods in treating diphtheria are, firstly, you can begin exhibiting your remedy at once and be assured it will do no harm; hence, several hours of valuable time are not lost in waiting for a bacteriologist's report; besides, protonuclein will certainly cure both varieties of the scourge, barring possibly bad complications already in progress when the treatment is instituted.

### GRAY'S GLYCERINE TONIC COMPOUND.

By J. R. CLAUSEN, A. M. M. D.

That this meritorious preparation is worthy of trial by every practitioner has been fully demonstrated by clinical tests in thousands of cases, and therefore, its therapeutic value is no longer a matter of doubt. The physiological action of its ingredients taken separately must convince any physician that in combination they must constitute a tonic covering a wide field of usefulness as indeed it is, being especially efficacious in the treatment of diseases of the respiratory and digestive organs, the various forms of debility, malnutrition and general lack of tone.

I have used it extensively in my own practice, and am prepared to say that as a tissue-builder and strength-producer it has few, if any, equals. It promotes appetite, increases assimilation, checks waste and stimulates the liver and bowels to healthy action, and for these reasons is invaluable as a tonic in convalescence, especially from typhoid, scarlet and kindred fevers.

I have secured most gratifying results in cases of atonic dyspepsia and other stomachic ailments—results largely traceable to the fact that the most delicate stomach can retain it without disturbance.

I recall one case in which the results from its use were little short of marvelous. A lady, who for four years had been under treatment for catarrh of the stomach, and who in all that time had found no relief from the terrible nausea which she affirmed "made life unbearable," was relieved in as many days by use of the tonic alone, and in less than four weeks her case called for no further treatment.

I cannot too highly commend Dr. Gray's most valuable formula.

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WARNER'S POCKET MEDICAL  
DICTIONARY OF TO-DAY. By  
William R. Warner, Phila. Pub. by  
W. R. Warner & Co.

This little pocket dictionary contains ten thousand words of common use in medicine and associated sciences brought up to date. The book is very useful, concise and handy. We are not informed whether there is a price attached to it or whether it is free, intended for advertising purposes, but presume the latter. At any rate, it is a desirable little work to have for ready reference.

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## Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

### ON THE TREATMENT OF PERITONITIS FOLLOWING PERFORATION OF THE INTESTINE IN TYPHOID FEVER.

BY MM. CH. MONOD ET J. VANVERTS.

Peritonitis is a concomitant of typhoid fever, according to Griesinger, in 50 per cent., and Homolle 20 per cent. of cases. It appears in two different forms, from an ulcer in the one case along the mesentery and from perforation. In the latter it may be circumscribed or diffuse; the latter is the most common. As a rule the evolution of perforative peritonitis is rapid, and death follows seldom later than two days, rarely reaching four, although it has lasted six days. Although this is the common termination there are quite a few cases which have gone on to spontaneous recovery, as reported by Cheme, Dokitansky, Burton, Tweedie, Todd, Buhl, Thierfelder and others.

Leyden, in 1884, was the first to undertake operation for the treatment of this type of peritonitis. The same year Mikuliez operated and secured success, though there has been some doubt about diagnosis here.

Lucke was the first who deliberately operated for typhoid perforation of the bowel, in 1885, his patient dying 11 hours after operation. Later came the intervention of others.

In 1890 came the conscientious work of Louis, which enumerated the results of 12 cases; in all cases death following. He concludes that "it is only in the stage of collapse we should interfere, as it gives our patient at least the only theoretical hope, but it is the last which the family and patient should avail themselves of if they so desire.

Lavaschoff comes to the same conclusion. In 1891 Van Hook oper-

ated in three cases and collected a total of 19 with four recoveries. Koste, Cagley, Sutton, Allingham, Harrison and Alexandroff lost their patients in every instance. Abbe, of New York, saved one. Others have been later reported with more encouraging results. In France the first operations were done by Termet (1895) and M. Lejars (1896). They collected 25 cases with six recoveries. Houze in his work on surgical intervention in typhoid perforation has devoted one entire chapter to this important subject.

The statistics on this subject are not satisfactory; they are not explicit. We gather that operations were done, but important details of the lesion are wanted.

The objections to operation are many. The first and most formidable relates to diagnosis, the accurate localization of the perforation or perforation, if, indeed, there are any. The next come from the dangers in operating on one in the advanced typhoid state.

It is true in some cases perforation is attended with indubitable symptoms, as collapse, without pain, vomiting, tympanitis and depression of the heart action, but in some this tableau is not so clear.

The greatest obstacle is presented in the state of the patient, and when the perforations are multiple. Our patient has a toxemia, an adynamic type of fever, alimentation is in abeyance, the recuperative energy is exhausted.

Large multiple perforations would necessarily entail a most laborious and tedious resection in different situations, and even if effective occlusion of the intestine were possible, we have no guarantee that other ulcers are nearly ready to open in other situations.

As Potain well observes, "Surgical intervention, which so often yields marvelous results in other types of peritonitis, has little chance of success here."

The value and results of intervention here must be determined by statistics, and these we know are usually open to criticism, though we must admit they possess some significance.

Eliminating, then, all doubtful, vague reports, we have 28 genuine cases, with five recoveries, a mortality of 81.5 per cent. In all of these except two the peritonitis was diffuse. In these two of Watson's and Brunton's the peritonitis was circumscribed. Eliminating these, we have the mortality raised to 86 per cent. By including the more doubtful cases of therapy, Hahn and Facresi, we have 31 cases with seven recoveries, a mortality of 77.5 per cent.

On contrasting operations with results after expectant treatment we find, according to Murchison, the mortality in general peritonitis of typhoid fever 90 per cent., and 95 per cent. after intestinal perforation.

It is interesting to note that in the seven successful operations four of the patients were convalescing when the intestinal contents were less septic and the powers of life were being re-established. In the acute stage of the disease probably intervention is rarely justifiable, unless we have evidence of its being localized.

—Revue De Chirurgie, March 10, '97.

#### NOTES BY THE TRANSLATOR.

The probabilities are that if we include peritonitis in its broad sense—the latent, abortive or undeveloped—we will find its presence in a much larger proportion than stated by the distinguished authors, in typhoid fever.

The mortality, as is noted, is very high, and probably much higher than noted, as it has become notoriously unpopular, or inexpedient at all events, to search out all fatal cases. Nevertheless we have good grounds for hope in the early future. The

superb work of Murphy, Price and others in this class of cases demonstrates beyond doubt that the time is not far off when precision in diagnosis will be possible, and with a larger experience and improved technique the mortality will be enormously reduced.

It should be remembered in important anatomical points that the cecum in the appendix is not uncommonly the seat of perforation and that it is very rare that the intestine is ulcerated though very far from the cecum.

Murchison and Louis place the extreme limit at 50 centimetres, about 20 inches.

This would point to the choice of incision over the right iliac fossa; then commencing at the cecum we advance upward. T. H. M.

#### BRONCHIAL CLEFT IN THE NECK.

B. M. BERGER.

The author presented a youth of 20 years. The mother had noticed since birth a fullness low down in the right side of the trachea.

Later in life this would greatly enlarge, open and discharge a sero-purulent material. Then after a long interval it would again fill and discharge. From the time he was 6 until he was 12 years old the mors entire disappeared.

Now it returned and periodically emptied itself through an opening in the integument. There was no inflammation, no pain and no soreness present. It seemed to spring up on the inner border of the sternal origin of the sterno-mastoidens muscle, extending to the thyroid body. Patient affirmed that sometimes it would attain a large volume and then again disappear entirely without opening. Speech nor deglutition was not affected.

The interior of the pharynx and larynx was carefully explored by M. Gengenheim in search of an internal opening, but without success. It was quite impossible to determine the seat of the opening in this case, whether into the larynx, pharynx, the trachea, the esophagus or the pleural cavity. In the absence of

any marked deformity or derangement of function it was thought best not to interfere with surgery.

M. Bazy had seen a bronchial fistula in a young man which gave issue to a muco-sanguinolent material. A flexible stylet entered as far up as the cornu of the hyoid bone. By palpation a fibrous cord could be felt passing deeply under the large vessels of the neck, when Dr. Berger advised that palliative action was allowable.

M. Berger had known of two cases in the hands of L. E. Fort, which yielded happily to electrolysis, but he knew of no other with such a result.

M. Ricard had a case of brachial fistula in a young man. It extended from the subhyoid region to the sternal fourchette. He resected this trunk, but relapse occurred in one month. Then he made another operation with the same result. Finally a third effort was made. This time he found that the tract extended back to the vertebral column, where there was a cavity behind the larynx. This he freely swabbed with a chloride of zinc solution. The case has now remained four months.

—Bull. et. Memoires Soc. Or., Chir., March, '97.

#### OSTEOPLASTY AS APPLIED TO THE OCCLUSION OF ACCIDENTAL CAVITIES IN OSSEOUS STRUCTURES, PARTICULARLY THOSE LARGE CAVITIES LEFT AFTER EXCAVATING DISEASED PROCESSES IN HEADS OF BONES.

By M. Ollicia.

The above celebrated author calls attention to the important subject to all operating surgeons of the definite occlusion of osseous cavities in spongy bone tissues. He says that by former methods of treatment many times when bone hollows were left repair was often tardy, and sometimes never complete. We must then, in order to succeed, always fix one wall of bone and press the other into contact with it.

This is accomplished (1) by disossement and inversion of the

periosteum; (2) by partly detaching and turning in periosteum bone and all, from one side; or (3) by carrying an osseous segment from either above or below.

True osteoplasty has for its aim the renewal of osseous structures, destroyed by either trauma or pathologic influence. It consists in direct and indirect.

In one, we utilize the periosteum only; in the other we utilize both the membrane and osseous tissues.

Lucke and Schulten in 1892, by direct osteoplasty, filled in breaches in the cancellous ends of bones. In 1894 Jabouley had utilized osteocutaneous flaps for similar purposes.

An osseous cavity is filled by the multiplication and consolidation of granulations, provided by the capillaries. This will suffice when the gap is not deep, as in flexible, elastic bone tissue. But, when the investing shell of bone is sclerosed and the chasm large, complete consolidation is seldom witnessed.

This action is not sufficient, however, when the osseous investment is hard and unyielding. But in some young subjects the extent of annular hyperplasia and concentric laminations of new bone corpuscles are enough to gradually obliterate the opening. There are cavities, like the orbital, which greatly contract in the long diameter, after an organ is removed, and the dental hollows which quickly disappear when the teeth are extracted. This is physiological repair, effective and prompt in certain situations, but defective in others. But with the large bone shafts, without the aid of art it is often an extremely tedious process, and not infrequently entirely inadequate to effect osseous restoration.

In some types of osteomyelitis the extent of diffusion is great. It is here when we must make the work of trepanation and evulsion of the diseased medullary and osseous substance radical and thorough.

In some young subjects the help from epidermation and cutaneous grafting is considerable, occasionally quite enough in itself.

It is important then, that our cutaneous grafts be simple, vascular and aseptic.

We may, if the periosteum is very adherent, carry away with it a thin layer of bone. It may be necessary, under certain circumstances, to fix the transplanted grafts with wire suture.

In all this important class of cases it is necessary that the utmost caution be observed to prevent infection of the wound, and to maintain the system by tonic, nourishing diet.

—*Revue de Chirurgie*, April 10, '97.

#### ACUTE RETENTION OF URINE SECONDARY TO PROLAPSE OF THE UTERUS AND VAGINA.

Dr. G. S. Robinson, in *West London Medical Journal*, January, 1897, has recorded a case of an interesting class of obstructive impediments at pelvic outlet.

Patient was 44 years old. Twenty-two years before, at confinement, she had some prolapse of vagina and rectum. This continued, though never seriously interfering with her health.

Finally she was suddenly seized one night, after drinking two glasses of beer, with great prolapse of uterus, bladder and rectum, arresting all confinement of urine in faeces.

Cases of this class, though not accentuated, we not infrequently meet with in those advanced in life, more particularly in the female.

In the male, we will often find considerable prostatic enlargement, with a sinking of it backward on the rectum, greatly impeding the alvine current.

#### INTUSSUSCEPTION IN CHILDREN.

J. P. Pick thinks that this affection is fairly common. Ninety-eight per cent. of untreated cases end fatally. The causes are: Irregular peristalsis, irritation of worms, tumors, mechanical shaking of the bowels. The symptoms are those of sudden severe pain in the abdomen, viz.: Crying out and drawing up of the legs, accompanied by pallor

and faintness, and emesis. The movements of the bowels are at first healthy, and later are accompanied by mucus and blood, with tenesmus and straining. These symptoms are associated with great and rapidly increasing prostration. A tumor is pathognomonic. This is not always easy to find unless under anesthesia. It lies at the seat of obstruction, elongated, dull on percussion and doughy to the touch. On examination it often becomes harder, owing to muscular contraction. The author says that the symptoms are unmistakable when they can be elicited. It is difficult to get a clear history in case of children.

The treatment consists of reduction by distention of the bowel with air or water and manipulation of the abdomen, or abdominal section. These cases should be treated as strangulated hernia for immediate relief. The method for distending the bowel is as follows: Under anesthesia, an enema pipe is introduced into the rectum, the pipe being connected with common bellows or an inflator. The part of the tube outside the rectum is packed with wool to prevent the escape of air. This is to be held by an assistant. The child is now inverted and held by a nurse, while the bowel is distended. The hand on the abdomen shows the amount of distention. If the plan succeeds the tumor will disappear from under the hand and air will become diffused over the whole abdomen, producing uniform distention. Care must be taken that displacement of the tumor is not mistaken for disappearance. A sudden diffusion of air over the whole abdomen is a more reliable sign. When felt quietly put the child in bed with as little movement as possible.

—*Brit. Med. Jour.*, Vol. v, p. 111.

#### WAYSIDE NOTES.

BY ERNEST B. SANGREE, A. M.,  
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The practice of dentistry in Chicago and of the specialties in medicine has all the comforts that modern science can afford and as a modern exponent of practical economics is an interesting study. Several great buildings are devoted almost

exclusively to doctors and dentists, and as these are in the business centre of the city, the point most easily reached, the point of greatest daily population and of high rents, they are of course by far the most desirable locations for the purpose.

Philadelphia tone requires that the would-be successful specialist own or rent a whole house in or near the centre of the city and occupy almost as much ground as a Chicago sky-scraper. The result is that, although he may make money, the outlay is ruinous.

These office buildings are divided into suites of rooms, and in each suite there may be from six to twelve doctors and dentists. There are not 12 different rooms. The doctors take turns in this case. One may have his hours from 8 till 11, another from 11 till 2 and still another from 2 till 5, all in the same room. This plan, though economical, has, of course, its disadvantages. But if one wishes to pay the price he may have the office the whole day. One waiting room suffices for the entire list of professional men in that suite, and one young lady attendant is also enough, both these features being very obvious economies.

On the attendant's desk is a little central telephone exchange, with branches in each office, by means of which she can instantly communicate with any one of the office occupants, inform him about patients, visitors or other matters. Each suite has also a closet with telephone connection throughout the city. The offices are arranged with every convenience the practitioner could desire. Even compressed air is constantly on tap, and the nose and throat man, instead of wearily squeezing a bulb or painfully pumping his rather unsightly boiler-like

compressed air apparatus up to the notch, simply fastens his atomizer to a nipple at the end of a brass pipe, turns a cock, and the engineer in the basement does the rest.

The front door of the building is opened by a uniformed attendant and elevators starting about every three-fourths of a minute take the patient in a trice to any floor, so it is easier than walking up the front steps of a private house to go up to the tenth or fourteenth floor of one of these great affairs.

The custom of dividing up the office hours naturally brings out individual peculiarities. The punctilious man is in evidence. I was told a few days since of this individual, who takes an office at 1 P. M., which is to be vacated at the same hour by a brother practitioner. The punctilious man never presumes to appear before 1, but at least 10 seconds before this hour he is standing in front of the office door, watch in hand. At 1 precisely he knocks if the door is not open, and should the door not be opened until 10 seconds past 1 there is that on his face which speaks volumes.

A few days since I was seated in the office with a physician who must vacate at 3. When I entered a minute or two before the hour, he was sitting in the office chair, his watch in one hand, his grip in the other, one eye on the open door and the other on his timepiece. At 3 o'clock and 30 seconds the other man appeared at the door, and, although he exclaimed, "All right, doctor, no hurry," the intonation of his voice said, "Are you aware, sir, that it is now 30 seconds past 3?" My friend read the meaning as well as I and instantly vacated the office for the waiting room.

